Manitoba

Annual Report
1989 - 90

Manitoba Health

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Manitoba Health

Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

May 1, 1991

His Honour George Johnson, M.D.
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1989/90.

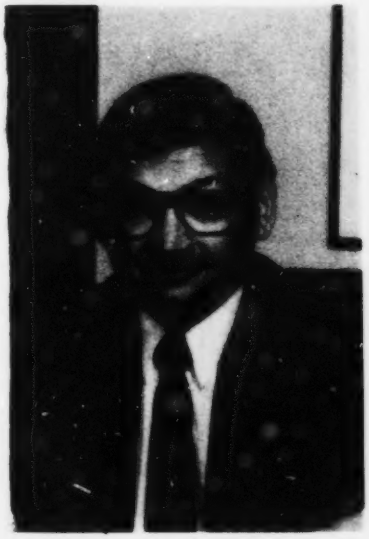
The health of Manitobans is our most precious resource. To protect this resource, the Manitoba government commits close to one-third of the provincial budget to the provision of quality health care.

We recognize that preventing illness through the promotion of health is the long term solution for improving the health of Manitobans. We are striving to meet that goal through reform and revitalization of the health system and the creation of partnerships for health.

It is only by people caring for people that we will be able to continue our present levels of service and grow to meet the challenges of tomorrow.

Respectfully submitted,

Donald W. Orchard
Minister of Health



Manitoba

Deputy Minister of Health

Winnipeg, Manitoba, CANADA
R3C 0V8

The Honourable Donald W. Orchard
Minister of Health

Sir:

I have the privilege of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1989/90.

The report reflects the Department's accomplishments over the past year. Primary to all programs and services is the "Partners for Health" concept which develops and encourages cooperative approaches to innovative health projects. These partnerships involve other government departments, health care providers, community agencies and the public in the process of building policies, programs and services which will protect health status.

Several major partnership initiatives were developed this year including:

- consultation papers on health promotion and continuing care;
- the creation of the Strategic Health Research and Development Fund, the World Health Organization Collaborating Centre for Quality of Life in Cancer Care and the Health Services Development Fund;
- special projects in areas such as smoking reduction, AIDS prevention and the first phase of mental health reform.

With innovative policy development, strategic planning and sound fiscal management, we will continue to provide quality health care and programs to improve the health of all Manitobans.

Respectfully submitted,

Frank A. Maynard
Deputy Minister of Health

92-07561/

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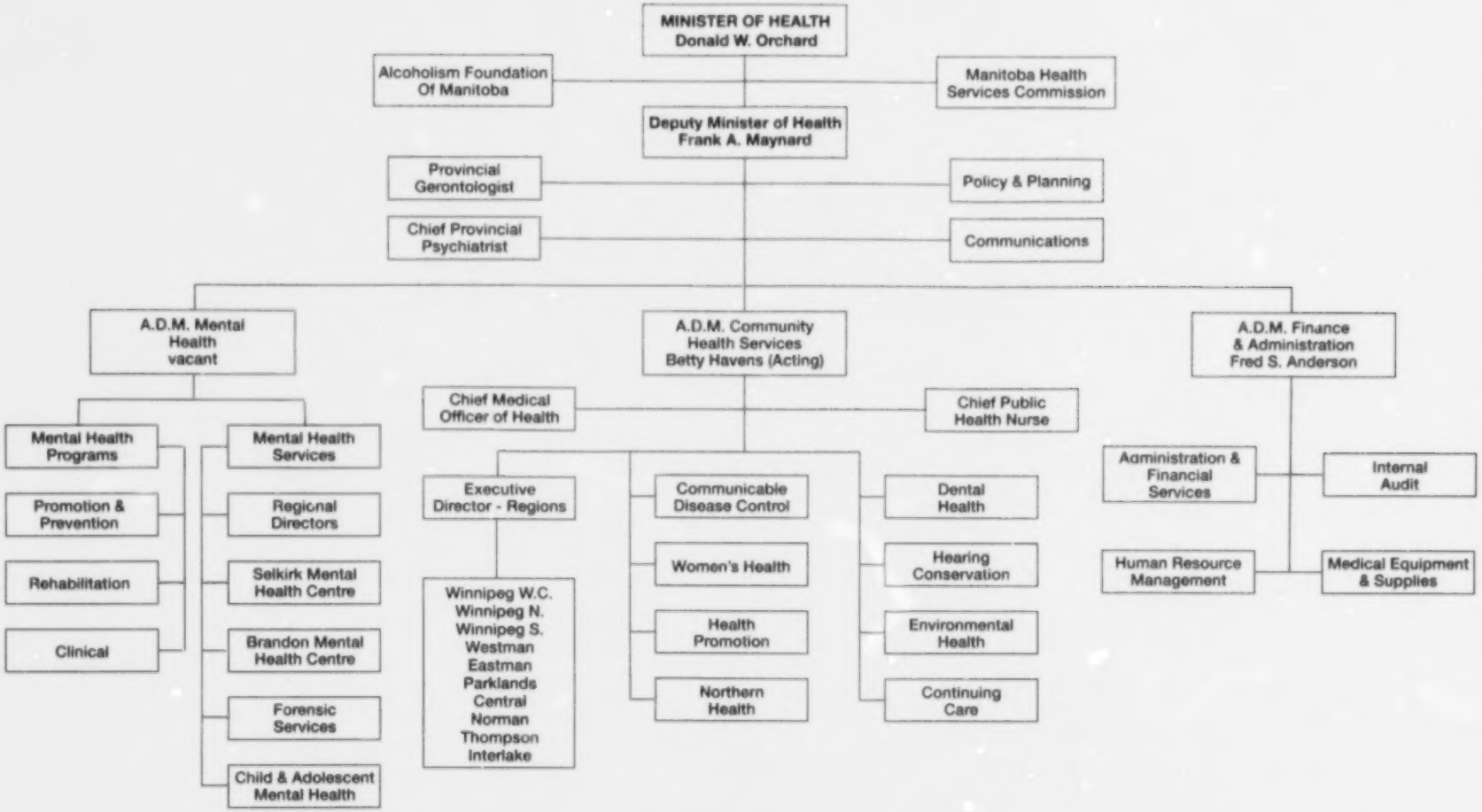

Role and Mission

Manitoba Health is identified as a traditional line department within the government structure and operates under the provisions and statutes of responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting as responses to emerging health care issues, establish a framework for the provision of community health services.

This framework is provided within the context of the comprehensive health care system and the aim to make available a continuum of health care services.

The mission of Manitoba Health is to maximize within existing economic parameters, the full health potential of every Manitoban by providing community-based services relative to health education, disease prevention, care and curative treatment.

This will be accomplished by programs and services which are targeted to specific population groups as determined by health status or geographic considerations, with the aim of improving the health and well-being of the population.

The goal translates into the following community-based programs: Communicable Disease Control; Women's Health; Health Promotion; Hearing Conservation; Gerontology; Continuing Care; Dental Health; Environmental Health; and Mental Health Services.

Statutes Responsibility Minister of Health

	Continuing Consolidation Chapter	
The Alcoholism Foundation Act	A	60
The Ambulance Services Act	A	65
The Anatomy Act	A	80
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The Department of Health Act	H	20
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The Health Services Act	H	30
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The Hearing Aid Act	H	38
The Hospitals Act	H	120
The Human Tissue Act	H	180
The Medical Act	M	90
The Manitoba Medical Association Fees Act	M	95
The Mental Health Act *(except Parts II, III and IV)*	M	110
The Occupational Therapists Act	O	5
The Ophthalmic Act	O	60
The Optometry Act	O	70
The Licensed Practical Nurses Act	P	100
The Pharmaceutical Act	P	60
The Physiotherapists Act	P	65
The Psychologists Registration Act	P	190
The Prescription Drugs Cost Assistance Act	P	115
The Private Hospitals Act	P	130
The Registered Psychiatric Nurses Act	P	170
* The Public Health Act	P	210
The Registered Nurses Act	R	40
The Registered Respiratory Therapists Act	R	115
The Sanatorium Board of Manitoba Act	S	12

* *Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88 R) under The Public Health Act, which is assigned to the Minister of Cooperative, Consumer and Corporate Affairs.*

Jason Shack shares a warm moment with Tammy Poole, R.N., and mother Mary Shack at the Health Sciences Centre following his bone marrow transplant surgery. Jason is the second patient to receive this surgery in Manitoba under a new service approved for funding in 1989/90.

Highlights of the Year 1989/90

During the past year, Manitoba Health continued to meet the health needs of Manitobans through its programs and services. Some services were adapted or expanded to meet present or projected needs. A number of new initiatives in partnership with health care professionals and the community were launched to find creative solutions to the challenges of today and tomorrow. Highlights are:

Health Promotion - the policy paper, "A New Direction for the Promotion of Health in Manitoba", was released in May 1989. This initiative aims to strengthen our ability to prevent illness and injury, and to promote optimum health for all Manitobans. It has two main goals: 1) to encourage people to take personal responsibility for their own health and 2) to involve the entire community in a more active and focused effort to identify and correct health risks.

Major health promotion programs developed or expanded in 1989/90 include:

- $150,000 for workplace health and safety programs;
- Two new smoking reduction programs: the ten-year Smokefree Grads: 2000 project for school children and the adult "Adopt-A-Smoker" workplace program;
- The Heart Health Survey, a five year federal-provincial study, to identify and reduce cardiovascular risk factors.

Continuing Care/Rehabilitation Services - Two consultation papers were released in July 1989 to encourage comment and recommendations from individuals, professionals and community agencies. The first, on Continuing Care, was also intended to create awareness of available services and how to access them. The second, the MacDiarmid Report on Rehabilitative Services, was intended to foster reform.

AIDS Awareness - In April 1989, the Minister formed an AIDS Advisory Committee and launched a $285,000 multi-media AIDS education campaign targeted at youth 18-24 years. In November, $258,000 additional dollars were committed toward treatment of HIV patients at three health facilities and an inner city outreach program aimed at AIDS prevention. Following a review of proposals, the City of Winnipeg Health Department was selected to administer the outreach program.

Cancer Treatment and Research - Two expansions in treatment capability were introduced to this province in 1989: a $2.5 million Linear Accelerator Unit for the Health Sciences Centre was approved in October to provide the latest in treatment technology; and a $1.5 million per annum Bone Marrow Transplant Program was approved in November. The St. Boniface General Hospital was accepted as a Centre for Excellence in cancer research by the World Health Organization with funding from Manitoba Health of $1.2 million over four years.

The Health Services Development Fund - The Minister of Health formally announced the establishment of The Health Services Development Fund on September 12, 1989. This Fund is to allocate up to $10 million annually from the Manitoba Lottery's Crystal Casino to time-limited projects which will potentially support health service reform through cost containment and alternate care demonstrations. A Steering Committee will review and recommend funding applications which meet the criteria.

Mental Health - Most of the recommendations of the 1988 policy paper, "A New Partnership for Mental Health in Manitoba", were implemented during the 1989/90 fiscal year including the creation of eight regional mental health councils, continued support of community mental health demonstration projects, support for rural mental health programs, and organizational change. Approvals for the construction of the first northern mental health residence to be based in Thompson, an industrial therapy building for the Brandon Mental Health Centre, and a new provincial psychiatric facility based at the Health Sciences Centre were other highlights. A federal-provincial consultation on mental health services was held in March 1990.

Rural Health Delivery - In an effort to create a better balance between rural and urban health services, and foster community centered care, several new initiatives were supported. The Standing Committee on Medical Manpower was allocated an additional $400,000 per year to attract physicians to rural and remote communities. These funds were allocated to increasing student loans, establishing educational grants for rural physicians, providing tax-free grants for physicians starting rural practices and for recruitment efforts like the Health Pro Show, January 1990.

During the year, a total of $29 million was allocated by the Manitoba Health Services Commission for new rural health facility construction projects, most of them involving an integrated approach to health service delivery. A Rural Health Services Task Force was formed in January under the direction of the Health Advisory Network to hold a series of public meetings, review and make recommendations on rural health delivery.

Northern Health Delivery - Services in the North were expanded through approvals for a new regional health centre, the first northern-based dialysis treatment program, the first northern mental health residence and an emergency medical officer program for Thompson General Hospital. A Northern Health Task Force was formed and began regional meetings in February 1990.

Drug and Alcohol Treatment - Programs and services are offered through the Alcoholism Foundation of Manitoba. Major initiatives in the past year included the opening of Christie House for female substance abusers and approval for a $1.1 million alcohol and drug treatment centre in Brandon.

Research - The Strategic Health Research and Development Fund was established in June 1989 in partnership with Industry, Trade and Commerce and the Manitoba Health Research Council. This four year initiative is designed to strengthen Manitoba's position as a centre for excellence in health care research and to stimulate more research activity.

Administration and Finance

This section covers a broad spectrum of administrative and financial operations for Manitoba Health including the operation of the offices of the Minister of Health and the Deputy Minister of Health and support services such as the Finance and Administration Division, Policy and Planning Secretariat, Health Advisory Network and Communications.

Executive Support

Executive support provides for the operation of the offices of the Minister of Health and the Deputy Minister of Health.

Expenditures by Sub-Appropriation

1(a) Minister's Salary	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	20.5	1.00	20.6	(.1)	

Expenditures by Sub-Appropriation

1(b) Executive Support	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	391.9	10.00	394.3	(2.4)	
Total Other Expenditures	188.8		100.2	88.6	1

Explanation:

1. The over-expenditure is due to:
   a) increased travel to address both provincial and federal/provincial/territorial health policy issues; and
   b) increased consultation with the health care community in line with the new strategic management plan.

Policy and Planning Secretariat
(formerly Research and Planning Directorate)

The Policy and Planning Secretariat consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission. The secretariat:

- Serves on the council and two scientific review committees of the Manitoba Health Research Council.
- Reviews and provides relevance priority ratings for Manitoba grant submissions to Health and Welfare Canada's National Health Research Development Program. The secretariat also serves on the Federal/Provincial Health Care Management Committee and on the Scientific Alcohol and Drug Abuse Review Committee.
- Reviewed provincial obstetrical and neonatal utilization patterns and completed a national survey of Canadian teaching hospitals' early discharge programs.
- Provided staff support to the Review of Rehabilitation Services undertaken by Dr. William MacDiarmid. This ministerial review was established to evaluate and make recommendations on: unequal access to rehabilitation services, especially in rural Manitoba; the shortage of qualified professionals (including physiotherapists, occupational therapists, speech therapists and audiologists); and, improving service delivery. The review was completed in July 1989.
- Provides baseline and current data related to health occupations for senior department officials. Develops recommendations for policy, programs and positions relative to health occupation requirements and supply conditions. Produces status reports on interprovincial and federal/provincial health occupation topics.
- Serves as the Manitoba Health representative to the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR), an advisory committee to the Conference of Deputy Ministers of Health on issues related to health occupations.
- Chairs and provides staff support to the Working Group on the Establishment of a National Physician Data Base, which reports to the Federal/Provincial Advisory Committee on Health Human Resources. This group is responsible for the development of a national physician data base which would permit interprovincial comparisons of physician supply, distribution and practice patterns. The first report from the data base will be made to the Spring 1990 Conference of Deputy Ministers of Health.
- Administers a grant to the HEALTHLINE telephone tape library operated by Luther Home. The HEALTHLINE tape selections may be found in Winnipeg and Manitoba telephone directories. During 1989/90, the HEALTHLINE tape library was expanded to include several French tapes, a service frequently requested by the public. Use of HEALTHLINE continues with an average of more than 70 calls per day from the public.
- Represents Manitoba on the National Health Information Council.
- Serves on the Teaching Hospital Cost Review Task Force and provides a liaison function between the task force and the consulting firm.
- Serves as a member of the Psychiatric Nursing Working Group.
- Completed the evaluation of geriatric day hospital programs.
- Chairs the steering committee established by the Deputy Minister of Health, to develop a nursing advertising campaign to promote nursing as a profession for purposes of recruitment.
- Acts as Manitoba Health departmental contact for Treasury Board's Regulatory Reform Initiatives.
- Represented Manitoba Health at the Canadian Forum to Collaborate on Breast Cancer Screening Programs Development.
- Served as a member of the Manitoba Ad Hoc Technical Advisory Committee on the Early Detection of Breast Cancer and chaired two sub-committee working groups: 1) type of screening, and 2) registry and program evaluation.

Health Care Demonstration Projects

During 1989/90, 15 health care demonstration projects, previously funded at a total of $1.7 million, were underway. Each project included an evaluation component and was designed to demonstrate the efficacy of substituting ambulatory procedures for in-patient procedures. Each project was administered by a health care facility or established agency. These demonstration projects included:

- Centralized Day Surgery Unit
- Community-based Crisis Management Service for Mentally Ill Adults
- Review of Diagnostic Services
- Urinary Incontinence Program
- Psycho-educational Program for Families of Schizophrenics
- Provincial Home Parenteral Nutrition Program

- Analysis of the Necessity of Sputum Cytological Examination
- Palliative Care Supports
- Immigrant/Refugee Health Outreach
- Cost Containment in Adult Medical Intensive Care Units
- Occupational Therapy Transitional Care
- Discharge Planning Model
- Admission and Discharge Program
- Anaiysis of Provincial Hospital Separation Abstracts using Diagnostic Related Groups
- Shortened Hospital Stay for Low Birth Weight Infants

All projects provided progress reporting during 1989/90. Documentation of outcomes is required as each demonstration project concludes. All projects are scheduled to conclude by September 1990. Project findings and recommendations will be released during 1990/91.

Health Advisory Network

During 1989/90, the Health Advisory Network initiated examination of several health care topics of concern to the Minister of Health. This ministerial advisory committee investigated many topics of health care organization, administration and financing in Manitoba.

The Health Advisory Network Steering Committee, chaired by Dr. Arnold Naimark, established eight task forces during 1989/90 to undertake such examinations and consult with those affected in the community. During 1989/90, three Health Advisory Network newsletters were published to describe each task force's objectives and activities.

The task forces underway include:

- Teaching Hospitals' Cost Review
- Winnipeg Hospitals' Role Definition
- Extended Treatment Bed Review
- Rural Health Services
- Northern Health Services
- Health Services for the Elderly
- Health Promotion
- Health Information Systems

Task forces and the steering committee will continue to seek input from the community during their deliberations. Additional Health Advisory newsletters will be published during 1990/91.

Expenditures by Sub-Appropriation

1(c) Health Advisory Network	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Other Expenditures	193.3		500.0	(306.7)	1

Explanation:

1. The under-expenditure was due to delays in establishing the Health Advisory Network and its various task forces.

Expenditures by Sub-Appropriation

1(d) Policy and Planning	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	368.2	10.00	416.0	(47.8)	1
Total Other Expenditures	97.2		94.0	3.2	

Explanation:

1. The under-expenditure was due to staff vacancies.

Communications

Services to inform the public and the media through news releases, conferences, publications, audio-visual presentations and advertising activities are coordinated by the department's Communications Branch.

Communications staff placed continued emphasis on the Partnership for Health concept, the need for bilingual public information, developing a mutually beneficial relationship with media and communicating their capabilities to internal staff. Advice, direction and assistance were given to all other branches within Manitoba Health, the Manitoba Health Services Commission and the Alcoholism Foundation of Manitoba.

During this fiscal year, Communications staff researched and wrote more than 100 speeches, 125 news releases and participated in the production of four policy papers. Media contacts averaged 2-4 calls per day, and several major news conferences were coordinated.

The branch supervised two advertising campaigns, one for AIDS Awareness, the other on Nursing Recruitment; produced 24 French language audio tapes for HEALTHLINE; and arranged media buys for Non-Smoking Week in January and public meetings connected with the Health Advisory Network.

Staff wrote, translated and/or coordinated the production of a variety of information materials (e.g. posters, brochures) for the Mental Health Review Board, the Standing Committee on Medical Manpower, Continuing Care, Pharmacare, Manitoba Health Services Commission, Maternal & Child Health Directorate, Health Promotion Directorate, and Dental Health; and assisted in the planning of special events, symposiums and workshops.

A sophisticated desktop publishing unit has allowed for the production of departmental fact sheets, newsletters, policy papers and other publications in both French and English. The branch is also responsible for department wide publications such as the Minister's Housebook, the Annual Report for Manitoba Health, the Annual Report for the Manitoba Health Services Commission and is currently planning an internal newsletter to foster communication among staff and the public. Staff is also involved in planning the Interactive Satellite Training Programs to develop and transmit information to staff.

Expenditures by Sub-Appropriation

1(e) Communications	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	200.6	5.00	205.0	(4.4)	
Total Other Expenditures	34.2		19.4	14.8	1

Explanation Number:

1. The over-expenditure relates to increased printing costs for the production of policy papers and the related cost for courier service and postage; and service fees paid to PDM Media Monitor.

Finance and Administration Division

The Finance and Administration Division is composed of four branches that support the operational activities of Manitoba Health: Administration and Financial Services, Human Resource Management, Internal Audit, and Medical Equipment and Supplies.

The major responsibilities of the division include financial planning and human resource management. This involves ongoing liaison with program and operating divisions in order to promote the most efficient use of available fiscal and human resources.

The division provides a range of services aimed at improving operational efficiency and increasing cost effectiveness while enhancing service delivery to the public. These services include comprehensive operational reviews and internal audits, and the development and administration of departmental funding for external agencies.

The division is responsible for the operation of a central information resource centre for governmental staff and the public, as well as the warehousing and distribution of medical equipment and supplies for those residing in the community. (See Community Health Services sub-appropriations: 21-2(h) Medical Equipment and Supplies; 21-2(m) Health information Resources.)

In 1989/90, the first step was undertaken to amalgamate the administrative functions of the Manitoba Health Services Commission and Manitoba Health through the appointment of one Assistant Deputy Minister for the two areas. Under the new Assistant Deputy Minister's guidance, further integration of the administrative functions will proceed during 1990/91.

Administration and Financial Services

This branch manages the internal financial affairs of the department, administers funding to external agencies, and coordinates support services to meet departmental operating requirements.

The Program Budget Review section is responsible for financial planning involving the coordination of the department's fiscal resources, the development of the annual estimates, the completion of financial analysis and the provision of financial reports to senior management and central government.

The Accounting and Operational Support section is responsible for the payment of accounts, the collection of revenue and the processing of departmental homemaker payrolls. This section also facilitates the planning, purchasing and management of departmental facilities, vehicles and equipment, and coordinates the implementation of records management and Freedom of Information.

The Agency Relations Section is responsible for determining levels of funding and administering the funds to external agencies under The Financial Administration Act. These agencies provide a range of community health care and mental health services that complement the objectives of the department. In 1989/90, there were a total of 58 agencies funded.

This branch consolidated the gains made last year in computerizing the estimates package which resulted in more active participation of the program and operating divisions in the 1989/90 budget process. Further streamlining of this package continues to take place to ensure direct input from all divisions into financial planning.

Expenditures by Sub-Appropriation

1(f) Administration and Financial Services	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	971.9	27.26	964.4	7.5	
Total Other Expenditures	81.7		50.2	31.5	1

Explanation:

1. The over-expenditure is due to higher telephone costs, office supplies, courier expenses, and computer related expenditures.

Human Resource Management

The objectives of this branch are to develop, implement and maintain human resource management programs encompassing: recruitment and selection; position evaluation and classification; pay administration, including payroll; labour relations; affirmative action; human resource development; personnel policies and standards. In addition to services provided to civil service staff, this branch provides contract administration, personnel policy development, personnel audit, and management consultation in support of the direct service staff employed in the Home Care Program.

During 1989/90, Affirmative Action staffing guidelines were formalized and communicated to department managers and a reporting/audit system to monitor activity relating to Affirmative Action was implemented. The department met and, in some cases, exceeded the recruitment objectives identified in the 1989/90 Affirmative Action implementation plan. (Detailed information regarding Affirmative Action is provided below.) Active outreach to agencies such as the Winnipeg Core Area Initiative and Business Learning Opportunity program resulted in work experiences and placements for several participants.

Ongoing consultation and support has been provided to managers regarding the administration of the Home Care collective agreement. Consultation and advice has also been provided in the implementation of the Manitoba Support Services Payroll system.

Branch staff conducted training sessions for approximately 580 department managers and staff in areas such as recruitment and selection, Affirmative Action, labour relations and supervisory management during 1989/90. A comprehensive training and development plan for the department is being developed by the branch.

A new policy outlining recruitment and promotion standards for public health nurses was developed during 1989/90. Comprehensive reviews of the Medical Officer and Nursing classification series were also completed during this period. Branch participation on committees to address issues such as northern and remote recruitment and retention problems are ongoing.

Affirmative Action Appointment Statistical Summary

(April 1, 1989 - March 31, 1990)

	Target in Implementation Plan	Actual Appointments Term and C.S.
Native	18	23
Visible Minority	15	15
Physically Disabled	8	9

* *Female is not identified as a target group in this summary given that the overall representation of females in the department is 76.8%. This group is only targeted at senior management levels and as a part of career development initiatives for clerical employees. Several females were appointed at these levels during the above period.*

Affirmative Action Target Group Representation

	April 1/89	April 1/90	Government Long-Range Targets
Female	83.9%	76.8%	50%
Native	3.3%	3.4%	10%
Visible Minority	2.2%	2.2%	6%
Physically Disabled	1.4%	1.5%	7%

Expenditures by Sub-Appropriation

1(g) Human Resource Management	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	548.1	16.00	596.0	(47.9)	
Total Other Expenditures	54.1		62.7	(8.6)	

Internal Audit

The Internal Audit function is responsible for the review of operational and financial systems within the department. These reviews provide recommendations to improve the efficiency, economy and effectiveness of the audited unit in relation to defined program and policy objectives. This comprehensive audit approach is broader in scope than traditional financial audits and involves assessing all management processes within a particular unit.

The Internal Audit unit operates on a five year cycle which is approved by the Audit Committee. During this cycle, all major program and operational units for Manitoba Health are reviewed. In addition to scheduled audits, special projects may be undertaken in response to senior management requests arising from newly identified priorities.

Audit projects in general involve documenting current systems and procedures in addition to collecting data through the use of interviews, questionnaires, and audit testing. This information provides the basis for an in-depth analysis and recommendations.

Expenditures by Sub-Appropriation

1(h) Internal Audit	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	150.4	3.00	151.3	(0.9)	
Total Other Expenditures	25.9		25.9	0.0	

Community Health Services (Programs)

This division is responsible for program and policy development, services to support the programs of Manitoba Health, and the health service delivery system provided through regional offices.

The underlying philosophy of the division is the provision of programs and services which are directed at specific target populations with the aim of improving the health and well being of Manitobans. This philosophy crosses the basic spectrum of promotion, prevention and care services.

This Grade 2 child from Wanipigow School in Manigotagan greets Sila the Polar Bear, mascot of the Smoke Free Grads 2000 project, a ten year health promotion program to encourage school children to never start smoking.

Program and Operation Support

Program directorates are responsible for providing leadership for the development of Community Health programs, the establishment and monitoring of program standards, professional consultation to staff, and staff training and development.

Program services are delivered using a community based service delivery model within defined geographic catchment areas. Currently in Manitoba this translates into ten provincially administered regional delivery units.

Expenditures by Sub-Appropriation

2(a) Program and Operation Support	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	732.1	21.00	1,179.8	(447.7)	1
Total Other Expenditures	235.7		174.3	61.4	2

Explanation:

1. The under-expenditure is due to vacancies in some of the medical officer positions for most of the 1989/90 fiscal year.
2. The over-expenditure is due to the following:
   a) increased professional fees, transportation and related expenses due to increased medical services in the Central and Thompson regions.
   b) increase in office supplies due to additional requirements for printed forms by regions, programs and health facilities.

Communicable Disease Control

The goal of the Communicable Disease Control Directorate is to minimize the adverse effects of communicable diseases on the health of Manitobans. This involves two major sub-programs: surveillance and control.

Surveillance involves four activities: collection, collation, analysis and reporting of data regarding communicable diseases. Surveillance information is collected from a wide variety of sources with the major sources being physicians and laboratories.

Control is achieved through four activities: education, immunization, contact tracing and appropriate management of cases and contacts of communicable diseases. The directorate is responsible for the overall coordination of the program and for setting standards and guidelines. Control activities are carried out by provincial, federal and municipal public health staff, hospital infection control nurses, public health inspectors, community clinics and physicians in private practice.

Within the Communicable Disease Control Directorate, there are two major program areas: general communicable disease control, and sexually transmitted disease control. In addition, the directorate is responsible for the Meat Inspection Program, the Life Saving Drug Program and the Immigration/Refugee Program.

General Communicable Disease Control

1. **Vaccine-Preventable Illnesses** - The directorate reviews and recommends immunizing agents for children, adults, travellers and workers, providing the immunizing agents free of charge for the majority of immunizations which it recommends. The directorate also provides fact sheets and conducts seminars and public forums related to immunization.

   In 1989, no cases of polio, tetanus or diphtheria were reported and only sporadic cases of measles, mumps and rubella were identified. Outbreaks of pertussis (whooping cough) occurred in several parts of the province and may be related to incomplete immunization. No cases of human rabies were reported although rabies in both wild and domestic animals continues to occur. In 1989, 52 persons received rabies prophylaxis following exposure to an animal known or suspected to be rabid.

   The Manitoba Immunization Monitoring System (MIMS) became fully operational in January 1989 and we are, for the first time, able to provide detailed information on immunizations for children in Manitoba.

2. **Food Protection** - Programs are designed to provide all Manitobans with the highest possible level of protection from unsafe or unwholesome foodstuffs, food-related and other enteric diseases. For the first time in many years, the number of salmonella infections has increased, a trend which is being seen across Canada. In 1989, the province also experienced a sharp increase in the number of cases of verotoxigenic E. coli (commonly known as "hamburger disease") and several were associated with hemolytic uremic syndrome (kidney failure). The reason for these increases is currently being investigated.

Sexually Transmitted Disease Control

Incidence rates for both gonorrhea and chlamydia continue to decline and the number of cases of syphilis remains low. No cases of chancroid or penicillinase-producing Neisseriae gonorrhea were reported in 1989. A number of cases of chromosomally mediated resistant gonorrhea were identified as part of a national study of gonorrhea in Canada, but extensive investigation indicated that they were not clinically relevant.

The number of AIDS cases reported annually remains small (17 in 1989) with little change from previous years. In 1989, there were 57 people identified as new HIV-antibody positive individuals.

During this fiscal year, the Communicable Disease Control Directorate provided funding for special grants to the Village Clinic to operate the provincial AIDS Telephone Information Line and also provided funding to the Sanatorium Board of Manitoba to operate the provincial Tuberculosis Control Program. A grant was also provided to the Manitoba Chapter of the College of Family Physicians to provide continuing medical education regarding AIDS to Manitoba physicians.

Life Saving Drug Program

This program is designed to provide medication to those persons who require drugs for life-sustaining purposes but cannot afford to purchase them. The number of clients on this program has remained relatively constant.

Meat Inspection Program

Thirty rural slaughterhouses were operating with inspection and approval of animals for health/safety provided under the Federal/Provincial Domestic Meat Inspection Agreement. Two poultry plants are also included.

Immigration

The Federal Government may request that the province review and consider permitting entry to Manitoba by immigrants who are medically ineligible. Following consultation with Manitoba Health Services Commission and/or Family Services, information is provided to the Immigration Department regarding type and availability of services required.

Each year, a limited number of refugees with physical or mental disabilities are allowed to settle in Manitoba under the Special Program for Assistance to Refugees (S.P.A.R.). Recommendations regarding entry are provided to the Immigration Department by Communicable Disease Control.

Expenditures by Sub-Appropriation

2(b) Communicable Disease Control	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	773.6	18.00	715.0	58.6	
Other Expenditures	4,545.4		4,941.8	(396.4)	1
Grants and Transfer Payments	178.2		201.9	(23.7)	
Total Other Expenditures	4,723.6		5,143,7	(420.1)	

Explanation:

1. The under-expenditure is due to:
   a) The number of cases of STD plateaued in 1989/90 after increasing for several years. The cost for drugs for treatment and control was, therefore, less than anticipated.
   b) The rate increase for meat inspection was less than anticipated and lower than previous years.
   c) The costs in the biologics section were substantially reduced by improved inventory/stock control and the absence of major vaccine preventable disease outbreaks in 1989/90.
   d) The expense of the life saving drugs section was reduced due to the stabilization of client numbers.
   e) Advertising expenditures less than budgetted.

Women's Health

(formerly Maternal and Child Health)

The goal of maternal and child health services is to promote and protect the health of Manitobans during their childhood, reproductive, childbearing and childrearing years. The Women's Health Directorate supports the achievement of this goal through the development and evaluation of programs, all of which take a family-centered approach. Programs are developed in the areas of reproductive, perinatal and child health. Priority areas for program development include new families, parents of young children, males and females in their reproductive years, and individuals and families for whom alternate sources of support and service are not available or accessible due to geographic, social, cultural or situational isolation. The directorate also maintains the Congenital Anomalies Registry for the province.

Regional staff of Manitoba Health and funded agencies implement the programs at the local community level. The directorate develops and provides resources and offers consultation and education to support program implementation.

Reproductive Health

The reproductive health promotion program provides information and resources to assist youth and adults to attain and maintain optimal reproductive health. The program components of public awareness activities, community education, individual counselling and clinical services have been maintained.

Directorate staff provided inservice education and consultation to regional staff and other professionals including school counsellors and teachers. Reproductive health outreach workers located at community health centres in Winnipeg maintain outreach activities in their respective catchment areas.

Reproductive health data regarding patterns of service delivery were consistent with those for the previous year. The province-wide toll free "Facts of Life Line" received 14,826 calls for information. Regional staff provided educational presentations to 16,951 people including individual counselling to 1,715. Attendance at department Family Planning Clinics was 1,042.

The directorate provided consultation to an interagency group to promote awareness of reproductive health among the public and service providers. An advisory function was also maintained with reproductive health outreach workers at community health clinics in Winnipeg. Manitoba was represented on a federal/provincial working group addressing the issue of adolescent reproductive health.

Family planning counselling and supplies continue to be provided through community clinics and departmental family planning clinics to those at risk of an unintended pregnancy.

A package of public education materials on a variety of women's health topics is being developed. The first information booklet is on menopause.

The directorate also participated on an ad hoc technical advisory committee on the early detection of breast cancer.

In 1988, Phase I of a three phase provincial cervical cancer screening program was completed. It included the development and implementation of a population registry, a laboratory quality assurance review and the development of promotional material. A proposal has been submitted for Phase II which will include an information system for the program. Phase III will consist of an individualized follow-up of high risk target groups.

Perinatal Health

The goal of the perinatal health program is to provide services needed to promote healthy pregnancy and birth. Activities include prenatal and postpartum education and support. In Winnipeg, there is also a program available to provide in-home care to women with high blood pressure during pregnancy. In 1989/90, a total of 55 women received this service. Expansion of this service is currently under review.

Regional staff provide prenatal education to expectant parents in groups and on a one-to-one basis. Approximately 5,500 women received prenatal services. Postpartum follow-up was provided according to assessed need. Shortened postpartum hospital stay after delivery continues to be a trend. To support the needs of these families, a formalized postpartum follow-up service for women having shortened hospital stays when delivering at Women's Centre was implemented in April 1990. The service is similar to that at St. Boniface General Hospital. In 1989/90, it provided 57,296 units of postpartum service.

Directorate staff provided consultation to an interagency committee concerned with pregnancy and birth issues. A major interest of the committee has been postpartum education and support to new families. In this regard, the committee facilitated a pilot test and evaluation of a postpartum education program introduced in Manitoba in 1983. Program procedures and resource materials have been revised and are being nationalized under the title Postpartum Parent Support Program. The interagency committee is now facilitating implementation of the revised program in Manitoba.

Resources including policies, protocols and informational materials are being developed for the Manitoba Breast Pump Loan Program. The purpose of this service is to provide electric breast pumps on a loan basis to support women in times of difficulty, including when their infants are hospitalized. The service is provincially available through hospitals and public health offices.

A booklet titled Breastfeeding: A Natural Start to a Healthy Life, was developed and distributed. A review of existing prenatal and postpartum educational materials for immigrant/refugee women is underway. Also, informational materials to assist women who are experiencing postpartum stress are being reviewed.

Data from the hospital-community postpartum and infant referral systems is being analyzed.

Child Health

The purpose of the child health program is to provide education and support to parents in the childrearing years, and to provide assessment and referral regarding various aspects of child growth and development.

Regional staff provide vision, hearing and developmental testing. Vision and hearing test service needs are being reviewed. Of the 9,965 children receiving developmental assessment, 113 had evidence of delays requiring referral. Vision testing of preschoolers resulted in 113 referrals.

Education and support for normal child care and childrearing is incorporated into all contacts between parents and regional staff. During the year, regional staff provided education to 2,842 parents.

The "Nobody's Perfect" program of parent education and support is specifically designed for use with parents who are geographically, socially or culturally isolated. This program is being implemented across the province by provincial, municipal and federal health professionals and community agency workers. In 1989/90, 128 individuals were trained to use the program. Together with the Health Promotion Directorate of Health and Welfare Canada, Women's Health staff provide coordination for training workshops and implementation of this program. Five training workshops are planned for next year and plans for program evaluation are underway.

Directorate and regional staff participated in a number of community events promoting child and family health. A catalogue of available audiovisual and print resources was prepared to provide assistance to regional staff and community agencies working with children and families. Also, a number of existing print resources were revised.

Directorate staff continued their participation in the Shortened Hospital Stay for Low Birth Weight Infants Demonstration Project. The project is jointly coordinated by Children's Hospital, Family Services of Winnipeg Inc. and Manitoba Health. Data collection will be completed early in the next fiscal year.

Congenital Anomalies Registry

The registry was maintained and the data is reviewed by the section of Clinical Genetics, Health Sciences Centre.

Expenditures by Sub-Appropriation

2(c) Women's Health Directorate	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	265.2	7.00	286.7	(21.5)	
Other Expenditures	282.4		455.6	(173.2)	1
Grants and Transfer Payments	532.1		542.0	(9.9)	
Total Other Expenditures	814.5		997.6	(183.1)	

Explanation:

1. The under-expenditure is due to the phase-in of the expanded mandate, programs and resource development for Women's Health.

Health Promotion

The Health Promotion Directorate provides leadership in the development and delivery of programs, services and policies aimed at influencing positive health attitudes, knowledge and lifestyle behavior. Together with disease prevention and community care, health promotion is a key component of Manitoba Health's prevention strategy. By focusing on the population as a whole, prevention programs aim at increasing the proportion of the population that remains well and reducing the severity of illness among the rest.

To this end, Manitoba Health launched a major new initiative entitled "A New Direction for the Promotion of Health in Manitoba" in May 1989. The goals are to encourage all Manitobans to take personal responsibility for their own health and to involve the entire community in a more active and focused effort to identify and correct risks to health - in the environment, at work, in legislation and in lifestyles.

In addition to ongoing programs and operations, the directorate engaged in the following healthy lifestyle activities:

Cardiovascular Health Promotion

The major undertaking of the 1989/90 year was the planning and launch of the Manitoba Heart Health Project, in partnership with the University of Manitoba, the Heart and Stroke Foundation of Manitoba, and Health and Welfare Canada. The first phase of this five year project saw the completion of a province-wide survey of 4,000 Manitobans to identify the prevalence of heart-health risk factors and gather information on barriers and opportunities related to cardiovascular health promotion. An additional survey of food consumption patterns was conducted concurrently. Analysis of data from the survey is in progress. Educational and other intervention strategies will be developed and implemented over the next four years.

Smoking Reduction

"Smoke Free Grads 2000", a ten year smoking education project, was developed in partnership with government, community agencies and business. Launched on March 1, 1990, the project focused on the 15,000 school children then in grade two and will be revised annually as they continue on to their graduation in the year 2000. The objective of the program is

to encourage this target group and those who follow to remain smoke-free during their school years and beyond.

The "Break Free" media campaign continues to reach over 125,000 Manitobans per year with a smoke-free message targeted at teenagers.

Many community education projects continued, and a new project, "Adopt-a-Smoker", for adults in the workplace, was piloted.

Nutrition

"Towards Healthier Eating" was the major new nutrition education initiative launched this year. Aimed at health professionals, schools and the public, the program contains a variety of educational and promotional materials to encourage healthier eating. Traditional nutrition education activities continued in the community and schools.

Workplace Health Promotion

Workplace Health Promotion is a new program established as part of the "Partners for Health" initiative. The program goal is to stimulate health promotion activity in the workplace by providing grants and consultation in support of projects. These projects, initiated by the workplaces, must have a measurable impact on the immediate and long-term health of Manitobans.

The workplace presents a good opportunity to promote health since over 46% of Manitobans are in the labour force and while there, they spend up to one-third of their lives at work.

Applications are reviewed by a selections committee comprised of representatives from the health professions, the private sector and government. Projects aimed at healthy lifestyles (heart health, nutrition, fitness, smoking reduction, alcohol and substance abuse) and education projects aimed at enhanced safety receive a high priority. Implementation and evaluation of the approved projects will occur in the next fiscal year.

Diabetes Education

The Diabetes Education Program is designed to provide coordinated planning and delivery of education services for persons with diabetes, diabetes education for health professionals and primary prevention of diabetes in Manitoba. Community-based Diabetes Education Resource centres have been established to accomplish this mandate. Each is staffed by a registered nurse and a registered dietitian, who provide a comprehensive diabetes education program, client assessments and follow-up.

In 1989/90, the Diabetes Education Program provided service to approximately 3,000 adults and 300 children. In addition, the directorate is in partnership with the Canadian Diabetes Association to provide primary prevention education to Manitobans at risk of diabetes.

("Services to Seniors" was transferred from Health Promotion to Gerontology in December 1989. Report appears on page 28.)

Expenditures by Sub-Appropriation

2(d) Health Promotion	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	673.8	17.00	624.8	49.0	
Other Expenditures	284.8		443.3	(158.5)	1
Grants and Transfer Payments	1,023.1		1,310.0	(286.9)	2
Total Other Expenditures	1,307.9		1,753.3	(445.4)	

Explanation:

1. The under-expenditure is due to the timing for implementation of the Workplace Health Promotion grants ($150,000), the smoking survey project, and the Diabetes Education Manual revisions.
2. The under-expenditure is due to the phased funding of the Manitoba Cancer Treatment and Research Foundation project at the St. Boniface Hospital, as well as partial year funding for other projects.

Hearing Conservation

The Office of Hearing Conservation is responsible for the development and implementation of audiology services in Manitoba. This includes such activities as hearing screening, diagnostic audiologic assessment, hearing aid evaluation and fitting, and auditory rehabilitation.

The objectives of this program include the prevention of hearing loss whenever possible, early detection and rehabilitation of hearing loss, and the investigation of techniques designed to achieve these goals.

Hearing centres are located in each of the ten health regions. Specific locations include Portage la Prairie and Morden (Central); Beausejour and Steinbach (Eastman); Selkirk (Interlake); The Pas (Norman); Dauphin (Parklands); Thompson (Thompson); Brandon (Westman); Concordia Hospital, Deer Lodge Centre, Seven Oaks Hospital and Victoria Hospital (Winnipeg). Each hearing centre is staffed by a professional audiologist and, in some regions, by an audiometrist who assists the audiologist in providing services. All hearing centres are equipped with the necessary diagnostic equipment to assess hearing sensitivity and evaluate hearing aid performance. In addition, portable test equipment is available to provide assessment services at locations outside the centre. Audiometers are loaned to local school divisions to conduct annual screening in Kindergarten and Grade 1.

The activities of the Office of Hearing Conservation can be grouped into three general categories: clinical, educational and administrative.

The major clinical activity of the program has been the provision of hearing screening services and diagnostic assessments for all age groups. During this fiscal year, 31,838 school age children were screened for potential hearing problems and about 5% were found to have hearing loss which required further assessment and/or medical treatment. In addition, 12,841 persons (all ages) were seen for diagnostic audiologic assessment with 6,977 found to have some degree of hearing impairment.

Preschool and school age hearing impaired children, as well as post-secondary students, are assisted by Manitoba Health through the loan of specialized F.M. assistive learning devices for use in classroom or other teaching environments. This equipment has facilitated the mainstreaming of many hard of hearing and deaf students. Six new units were provided by the preschool program at the Society for Manitobans with Disabilities in order to upgrade their inventory.

The Office of Hearing Conservation, in cooperation with the Manitoba Speech and Hearing Association and Manitoba Labour, Workplace Safety and Support Services, continues to coordinate and provide the necessary courses, training and supervision for the certification of industrial audiometric technicians. The Industrial Audiometric Technician (IAT) course was offered once this year and attended by 16 individuals from various occupational settings. Hearing Conservation program staff continue to offer consultation regarding the implementation of the current provincial regulation respecting noise control in the workplace.

Lectures and workshops specific to hearing, hearing impairment, hearing aids and noise control were presented upon request to physicians, nursing staff, students, teachers, other professionals and community groups.

Manitoba Health continues to provide funding in the form of a grant to Winnipeg School Division No. 1 to obtain audiology services from the Child Guidance Clinic. These services complement those provided by the Hearing Conservation program to all other school divisions in the province.

In cooperation with the Winnipeg League for the Hard of Hearing, funding was provided for the continuation of speech reading classes at the Kinsmen Centre in Winnipeg. These classes are held weekly and are open to any hard of hearing adult who wishes to participate.

Special opportunity bursaries in audiology continue to be available through the Hearing Conservation program. Upon completion of their study program, bursary recipients are available for employment within Manitoba Health.

The Westman Elks Preschool Auditory Rehabilitation program continues to provide services for hearing impaired preschool children in the Westman region. The program promotes a home-based approach of individualized rehabilitation designed to meet the unique needs of each learning impaired child.

Hearing Conservation continues to administer and develop the High Risk Register for Infant Deafness. The purpose of the register is the early identification of infants with significant hearing loss to ensure that appropriate audiologic management and other rehabilitation are initiated. Approximately 600 infants are identified annually for assessment and follow-up.

Expenditures by Sub-Appropriation

2(e) Hearing Conservation	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	114.3	3.00	108.7	5.6	
Other Expenditures	140.2		191.1	(50.9)	1
Grants and Transfer Payments	45.0		46.3	(1.3)	
Total Other Expenditures	185.2		237.4	(52.2)	

Explanation:

1. The under-expenditure is due to reduced requirement for office supplies because of surplus from previous year, and reduced travel.

Gerontology

In 1989/90, Gerontology provided advice, consultation and information related to policy and programs to senior department and government staff, community organizations, educators and the general public.

The Provincial Gerontologist is able to call upon liaison officers appointed by each provincial department, appropriate commissions, and crown corporations to deal with interdepartmental issues related to aging.

The Interagency Committee on Support Services to Seniors (IACSSS), chaired by the Provincial Gerontologist, was formed as a result of concerns for the supported independence needs of our older population. This committee has representation from the following provincial departments: Health including the Manitoba Health Services Commission, Housing, Family Services, and Highways and Transportation as well as Health and Welfare Canada - New Horizons. IACSSS has been established as the source to provide funding to encourage related initiatives at the community level. The agent or service applying for project funding may be an existing board or agency, a newly established group, or a federation of existing agencies and philanthropic community groups. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local initiatives and the use of volunteers from existing support services. The program exemplifies the partnership between government and community to provide services to our senior population.

During 1989/90, community resource councils in 42 communities coordinated existing services and developed new services. Eighty-seven meal programs provided a combination of congregate meals, heat-and-serve meals, take-out meals and escorts to meals. Nine elderly persons' housing projects hired tenant resource coordinators to facilitate the delivery of services within the units and to work with the tenants in establishing new services. Three communities hired volunteer coordinators to recruit, train and supervise volunteers in the delivery of a variety of services.

The Manitoba Council on Aging, composed of 15 members, reports to government through the Provincial Gerontologist. The council ensures that public participation is reflected in the gerontologist's function and in relevant government programs.

In October 1989, a conference on "Women: Midlife and Beyond" was jointly organized by the council and the Manitoba Women's Directorate. The council also reported on the status of the annual Manitoba Conference on Aging, which it has been monitoring since it was first held in 1985.

The Manitoba Senior Citizens' Handbook is distributed throughout the province and is available in English, French, German and Ukrainian.

Services to Seniors

Services to Seniors provides organization and community development services to help older persons and seniors groups throughout the province. Services are directed toward the development of multiservice senior centres, support services projects, and health promotion/disability postponing activities at the community level.

There are presently 14 operational senior centres in Manitoba, nine in Winnipeg and one each in Brandon, Selkirk, Winkler and Portage la Prairie and in 1989, the new Dauphin Senior Centre went into operation in their

new building. Ongoing consultation services and program review aid the continuing development of centres and typify vital partnerships with communities. Senior centres receive operational grants from Manitoba Health.

Services to Seniors has funded and provided services to 141 community-based support services projects (110 rural, 31 Winnipeg). These projects are owned and operated by the community with the goal of helping seniors maintain independent lifestyles. Services to Seniors regional program specialists have provided consultation services to community groups in all phases of development from inception to ongoing operation.

The Health Promotion/Disability Postponement effort continues to develop. A partnership for health between the program and the Health Promotion Committee of the Interlake Regional Senior Citizens Council is seeking the presentation of "Fully Alive" courses through peer facilitators in six communities. The Central Plains and Pembina Valley seniors councils will be initiating "Fully Alive" in Central region in September 1990.

Currently, discussions are underway to create a partnership of Services to Seniors and Creative Retirement Manitoba to expand and ensure ongoing delivery of "Fully Alive" in several regions.

Throughout 1989/90, Services to Seniors continued to be a partner in the Discover Choices (Health and Welfare Canada) program established to distribute materials, provide information and participate in province-wide workshops. Organization development consultation was also provided to community interest groups. In September 1990, Discover Choices will have fulfilled its mandate and will cease to exist.

Table I

Services to Seniors (Gerontology Programs) Program Service Units 1989/90

Community Development	Organization Development	Public Education	Other
204	643	53	122

Table II

Services to Seniors (Gerontology Programs) Seniors Centres Funded* by Manitoba Health 1989/90

Central	Eastman	Interlake	Norman/ Thompson	Parklands	Westman	Wpg	Total
2		1		1	1	9	14

* Funding is based on 1/3 of approved operating costs of a senior centre.

* * *

Expenditures by Sub-Appropriation

2(f) Gerontology	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	165.2	4.00	171.8	(6.6)	
Other Expenditures	78.1		113.9	(35.8)	1
Grants and Transfer Payments	1,451.0		1,567.8	(116.8)	2
Total Other Expenditures	1,529.1		1,681.7	(152.6)	

Explanations:

1. The under-expenditure is due to postponement of printing of the Senior Citizens' Handbook until completion of preliminary work.
2. The under-expenditure is due to some Support Services to Seniors Sites not requiring full year funding.

Continuing Care

The Continuing Care program operates on the premise that individuals are more likely to achieve, and continue to maintain, a high level of well-being in the familiar environment of their own home. It is, therefore, considered preferable for individuals to remain at home providing that the necessary resources can be made available. Care in a facility becomes necessary when such resources of person, family, community and program cannot sustain individuals' safety in their own homes.

The Continuing Care program, therefore, has two major components: the Home Care program and the assessment for placement into personal care homes. Care in the home is provided to those individuals who might otherwise require placement in an institution. The program supplements, rather than replaces, the efforts of family and the community by providing a range of services based on an assessment of individual needs.

These services can help to prevent the premature placement or over-extended stay of persons in care facilities such as hospitals or personal care homes, thus preventing the over-utilization of those facilities. Personal care home placement is facilitated when community care for an individual is no longer viable.

The program is centrally coordinated through Continuing Care which has province-wide responsibility for policy development and interpretation; program direction and management, including the establishment and maintenance of program standards; staff development, monitoring and evaluation; and liaison with other components of the health care system.

Part of the mandate of the Continuing Care program is to monitor the impact of the program on the target population and the health care delivery system. Annual caseload reviews are conducted by each region as part of the monitoring process. The regional Continuing Care coordinator in each of the eight provincial health regions is instrumental in formulating and organizing the review in consultation with of Continuing Care staff, who attend the reviews, and ensure consistency of program eligibility and principles across the province.

During this year, a new position of program specialist, resources, was created within Continuing Care. This position carries responsibility for monitoring and evaluating the management of direct service resources in the regions.

Continuing Care staff continue to be involved in the development of new and existing projects. A number of developments in areas of direct client involvement occurred during this year. The Self-Managed Care pilot project to allow 30 disabled individuals to organize and manage their own care was actively developed. Both the Housing with an Independent Difference and Fokus independent living projects are undergoing administrative and financial reviews to examine organizational structures for program and service delivery as well as funding levels and methods. The Villa Royale project in Portage la Prairie was developed in 1989/90 and represents an expansion of the group shared care concept in which home care is provided to groups of physically disabled adults. This is only the second such project outside of Winnipeg.

This year has also seen the continued development of initiatives arising from the external review of the Manitoba Continuing Care program:

a) The design of a Workload Measurement Study was undertaken and will include a time study and a caseload weighting process. Implementation of this study is anticipated early in the next fiscal year.

b) A review of the assessment process was conducted by a committee comprised of Continuing Care and regional field staff, as well as representatives from Manitoba Health Services Commission, the School of Medical Rehabilitation and the Centre on Aging. This committee is currently updating the format of the assessment process which is crucial to determining program eligibility and subsequent care plan development.

c) An advisory committee to Continuing Care has been established which includes representatives from advocacy/consumer groups for the disabled and the elderly.

d) A client information package which contains information on the program, the client's care plan, and the service review process was developed.

e) An internal audit has been undertaken by staff from Continuing Care and Finance and Administration Division, of the management of the personal care home panelling and waiting list coordination functions.

f) A review of the Victorian Order of Nurses Home Help Service and its role in the Continuing Care program was conducted in the fiscal year 1989/90. The review committee included representatives from Continuing Care and Finance and Administration.

   The committee was concerned with analysing all aspects of the delivery of Home Help services in order to ensure consistency with the program's policies and to examine possible ways in which the service could be provided more effectively and efficiently. The final report, containing the committee's recommendations, will be presented to senior management in the forthcoming year.

Service delivery of the Continuing Care program is decentralized through the regional offices and sub-offices of Manitoba Health and through five designated rural health centres. There are also four Winnipeg Hospital Home Care offices which have responsibility for coor-

dinating special cases. In Winnipeg, the Victorian Order of Nurses has been delegated responsibility for coordinating and delivering short term services of up to 60 days duration.

The Home Care program provided services to a total of 22,922 people in 1989/90. This year has seen a continued change in the service patterns of the Continuing Care program, with an increased emphasis on the provision of more complex care. Demand for home support has reduced slowly as a result, in part, of the development of community resources such as the non-profit cleaning and meal programs of the Support to Seniors initiatives. The average maximum in the monthly Home Care caseload was reduced by 2.1% from 13,740 to 13,456 as these community resources helped to foster independence among the elderly.

This year saw a 9.5% reduction in the number of people receiving home support services from the Continuing Care program. However, as clients enter the program with more complex care needs and existing clients continue to age, there will be a steady increase in demand for home care attendant service. There was a 12.3% increase in the number of clients receiving this type of service in 1989/90.

These figures are also partially a result of greater cross-regional consistency in caseload review and adherence to the service guidelines which allow the Continuing Care program to meet its objectives of increased client independence. To this end, the program is also placing greater emphasis on the use of occupational therapists and physiotherapists to assess client functioning so that a client's independence level can help shape the care plan.

The average monthly number of people receiving therapy throughout 1989/90 was 565. While this represents a growth of only 1.4% over the previous year, it is anticipated that this figure will continue to rise.

In this year, 2,708 persons were assessed for personal care home placement which was deemed appropriate in 2,385 cases, representing a 3.5% increase over the previous year's figure of 2,304. However, there was a modest reduction in the number of people awaiting placement (1,223 from 1,234) although this figure fluctuated over the course of the year reaching a high of 1,345 at the end of October. There was also another slight increase (1.6%) in the percentage of people awaiting placement in a personal care home who are receiving Home Care pending that placement.

The Continuing Care program also participates in the development and support of other health system components as well as community resources. To this end, the program is responsible for the allocation of grants to a number of external agencies. These agencies are as follows:

i) 1010 Sinclair - in support of administrative costs relating to the provision of special care attendant services for young disabled persons residing in Fokus 1,2,3, and 4.

ii) Meals on Wheels - Manitoba Health's grant is aimed at keeping the price of meals at a reasonable cost to consumers.

iii) St. Boniface General Hospital: Sister Clermont Outreach Program - Although this health program ceased operating in June 1989, the department and St. Boniface Hospital agreed that the hospital should carry on a modified interim, outreach program, pending consideration of a new proposal for services to the elderly, beginning in 1990/91.

iv) Alzheimer Society of Manitoba Inc. - This is a general purpose grant.

v) The Independent Living Resource Centre - to support the Housing with an Independent Difference project.

vi) The Independent Living Resource Centre - in support of the Self Managed Care Project.

vii) Jocelyn House Inc.- The grant partially offsets the salary costs of this five bed hospice for terminally ill persons.

Expenditures by Sub-Appropriation

2(g) Continuing Care	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	419.4	11.00	425.0	(5.6)	
Other Expenditures	140.4		129.7	10.7	
Home Care Assistance	42,204.6		47,782.3	(5,577.7)	1
Grants and Transfer Payments	530.9		519.9	11.0	
Total Other Expenditures	42,875.9		48,431.9	(5,556.0)	

Explanation:

1. The under-expenditure is due primarily to a shift in units of service from home support workers to home care attendants, and new contract provisions related to payment of benefits and vacation entitlement.

Medical Equipment and Supplies

The Medical Equipment and Supplies Branch was originally established as a medical equipment support service in response to the polio epidemic. The mandate has since expanded to provide a support service through the acquisition, warehousing, distribution, maintenance and repair of various medical supplies and equipment required to support the care and independent living of physically disabled individuals within their own community environment. In Manitoba, the main equipment supply depot is in Winnipeg with sub-depots in Brandon and Dauphin.

Medical equipment is bulk purchased and provided on loan to Manitoba residents under the authorization of a health care professional. The program is available to individuals who have been physically disabled through disease, traumatic injury and the natural aging process resulting in the need for medical equipment to support their care and independence within their community.

There are approximately 125 different medical items such as bathroom aids, bedroom furnishings, support and mobility aids loaned to people at no charge for use in their own homes. Equipment is provided to all Manitobans including rural residents who previously did not have access to such a service and is maintained and repaired by staff medical equipment technicians. In 1989/90, 33,020 home care equipment services were provided. The number of clients registered with the program increased from 22,685 in 1988/89 to 24,364 in 1989/90 indicating a 7.4% increase.

Medical supplies include approximately 350 different supply items in support of the provincial Continuing Care program and other public health programs. Medical supplies are provided to Manitoba residents eligible for provincial Continuing Care who require medical supplies to support their continuing treatment of convalescence within the community environment. In 1989/90, there was a 12.4% increase in clients served from the previous fiscal year with an increase of .5% in services to these clients. Reproductive health supplies are distributed through public health nurses to Manitoba residents who are considered to be at risk of untimely pregnancy and who do not have financial resources for preventive practices.

Oxygen concentrators are provided to all eligible Manitoba residents requiring life sustaining oxygen. The concentrators are provided under the supervision of the provincial Continuing Care program and enables individuals to remain at home rather than in a health care institution. All units are serviced, repaired and maintained by staff medical equipment technicians on a regularly scheduled basis. In 1989/90, there was a 10.8% increase in registered clients and a .5% increase in services over the previous fiscal year.

The Manitoba Ostomy Program has been operating since 1974 to provide enterostomal nursing service and supplies to individuals requiring ostomy surgery. There are approximately 394 types of stoma care products provided to those registered with the program. A professional appliance fitting, skin care and educational support program is provided by two enterostomal

therapists contracted through the Victorian Order of Nurses. In 1989/90, there was a 3.9% increase in registered clients and a .4% increase in services over the previous fiscal year.

The branch also administers the acquisition of manual and motorized wheelchairs for the Manitoba Wheelchair Services Program. These wheelchairs are provided on loan to physically disabled children and adults through the Society for Manitobans with Disabilities Inc. In 1989/90, there was a 7.6% increase in requests for manual wheelchairs and a 13.3% increase for motorized wheelchairs from the previous fiscal year. Specialty type canes and crutches are also provided.

During 1989/90, the branch successfully completed its first phase in the repair and maintenance checks of all operating medical equipment which included rural Manitoba. Maintenance checks will continue on an ongoing basis to ensure that medical equipment is in good working order.

Plans for 1990/91 include a comprehensive revision of the computer program. Phase 1 of this project will commence in 1990 with a view to a more efficient and effective system to accommodate the needs of the branch.

Expenditures by Sub-Appropriation

2(h) Medical Equipment and Supplies	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	688.8	24.00	675.4	13.4	
Other Expenditures	2,872.2		2,980.3	(108.1)	1
Grants and Transfer Payments	719.5		651.8	67.7	
Total Other Expenditures	3,591.7		3,632.1	(40.4)	

Explanation:

1. The under-expenditure is due to reduced costs in equipment purchase of oxygen concentrators, manual and motorized wheelchairs; decrease in repairs and maintenance costs.

Dental Health

The goal of Dental Health is to achieve an improvement in the oral health of all Manitobans through preventive and treatment programs. This involves four major activities: dental treatment, use of effective dental public health measures, dental health promotion and education, and research into dental public health problems. Dental Health is administered through district offices in Winnipeg (Eastern District) and in Brandon (Western District).

The Children's Dental Program offers dental treatment to all children 6-14 years in most non-urban areas, and for children ages 6-10 in Portage la Prairie and Thompson. In 1989/90, there were 49,718 children eligible for treatment from school based or private services under the provincial Children's Dental Program.

Children living in Winnipeg and Brandon are not eligible for treatment under this program. However, Brandon children are eligible for the preventive component. Children eligible to receive treatment under the program are assigned to one of the two modes of treatment program delivery according to the school division in which they are enrolled. The Manitoba Dental Association provides approximately half of the dental treatment on a fee-for-service basis using private practice dental offices. Manitoba Health's program provides school-based services utilizing dentists, dental nurses and dental assistants. The utilization rate of the school-based dental program continues to remain consistent at 84% of eligible children in all age levels. The utilization of the program delivered by the Manitoba Dental Association shows an average of 72% in the fiscal year ending March 31/90.

Additional statistical data on the delivery of the Children's Dental Program by the Manitoba Dental Association is contained in the Statistical Appendix.

A comprehensive preventive dental program in schools is directed to students from Kindergarten to Grade 8. Students in the primary grades (Kindergarten to Grade 3) participated in the daily brushing program at a greater frequency than students at the higher grade levels. Dental health education programs above the Grade 8 level are provided on a request basis. Schools are encouraged to participate in the weekly fluoride rinse program to include all Kindergarten to Grade 12 students.

A kindergarten preventive dental program was offered to Kindergarten children enrolled in school based, dental nurse delivery areas. Children received a dental screening, cleaning, fluoride treatment and oral hygiene instruction. Parents received notification of their child's dental health status, and their future eligibility in the treatment program.

The preventive programs are offered to all school divisions outside the City of Winnipeg. There are currently 69,705 children eligible for preventive dental programs: classroom education, weekly fluoride rinse or daily brushing sessions offered by Dental Health.

Dental Health provides public health/preventive programs to senior citizen centres, to centres for the mentally handicapped and to child day care centres. Dental treatment services are provided to patients at Brandon Mental Health Centre. Dental staff also provide consultant functions for the department of Family Services, Social Allowances Dental Health Services section.

Educational and consultation services are provided on request to prenatal and postnatal classes, career days in schools, parent meetings, preschoolers, informational seminars, teacher inservices and other health professionals. Staff are also actively involved in educational activities in conjunction with Dental Health Month.

During this fiscal year, Dental Health provided funding for special grants to the St. Amant Centre, the Churchill Health Centre and the Swampy Cree Tribal Council in Northern Manitoba. The branch also continued to operate the water fluoridation program in 73 communities representing 95% of the population on a public water supply. This program involves providing technical assistance to communities to maintain the correct level of fluoride in the water supply. In addition, funding is provided to communities to purchase fluoridation equipment. Wabowden, Sanford and Gilbert Plains received funding to begin fluoridating in 1989/90.

Expenditures by Sub-Appropriation

2(j) Dental Health	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	2,368.4	76.00	2,383.3	(14.9)	
Other Expenditures	1,925.2		2,663.6	(738.4)	1
Grants and Transfer Payments	159.8		172.6	(12.8)	
Total Other Expenditures	2,085.0		2,836.2	(751.2)	

Explanation:

1. The under-expenditure is due to:
   a) Reduction in billings from the Manitoba Dental Association for private practice dentists giving service to the Children's Dental Program.
   b) Transportation costs being lower than budget due to maternity leaves and vacant positions.
   c) Reduction in the purchase of equipment.
   d) Dentists' billings for the last quarter of 1989/90 being deferred into fiscal year 1990/91.

Environmental Health

The Environmental Health Services program is primarily concerned with the assessment of the effects of environmental factors, other than infectious organisms, on human health. This is accomplished by facilitating the development of programs designed to monitor, control and regulate environmental factors that may affect the health of Manitobans. Response to health concerns involves gathering and disseminating information on environmental health matters. This ultimately requires the determination of the human health risks resulting from exposure to substances in the atmosphere, soil, food, and water. Additional factors of concern in the physical environment are effects of heat and cold, radiation (both non-ionizing and ionizing), noise, and indoor air quality.

Environmental Health has been involved in risk assessments regarding cadmium in animals through the distribution of relevant pamphlets produced in cooperation with Manitoba Environment, Tourism and Natural Resources. A health advisory to all ice arena operators on the hazards of carbon monoxide accumulation continues to be distributed as required.

Environmental Health had representatives on the interdepartmental working group on radon to participate in the development of the Manitoba Radon Action Plan. This was launched October 5/89 with the issuing of the "Citizens Guide to Radon", now distributed to all health regions.

Environmental Health continues to provide technical advice and guidance related to the safety of available water supplies and the treatment and disposal of sewage. In addition, staff provide consultation and advice on such matters as accidental chemical and sewage spills into rivers and lakes used as community water supplies.

Concerns are also addressed with respect to accidental contamination of air, water and soil with hazardous substances such as lead, Polychlorinated Biphenyls (PCBs) and arsenic. Inquiries continue to be received about urea formaldehyde foam insultation (UFFI) and Radon, as well as general concerns about indoor air quality, and other potential environmental hazards. This involved providing advice and information by telephone and mail, as well as occasional visits to community groups.

The staff provided technical advice for the department through participation on committees dealing with such subjects as swimming pool regulations, drinking water quality, bathing beach and recreational water monitoring, civil technology curriculum reviews, the transportation of dangerous goods and indoor air quality.

New topics included participation in the development of the state of the environment report and the smoke guidelines pertinent to forest fire situations, and extensive involvement with the sustainable development process. The directorate continues to function as a liaison between Manitoba Environment, Workplace Safety and Health, and Manitoba Health.

Environmental Health received numerous referrals under the Environment Act from Manitoba Environment for assessment and comments. These concerned various proposals with eventual disposal of by-products and/or wastes into the air, soil and water. Technical reviews were completed and reports submitted indicating the impacts on public health. Many of these proposals were the subject of clean environment hearings. Staff were required to attend and submit evidence at these hearings.

A new innovation in Environmental Health has been the development of a health education program dealing with the ill effects of ultraviolet radiation exposure which can occur through artificial sunlamps or natural sunlight. An education and prevention program on "Sun Awareness" was prepared for a public awareness campaign in spring 1990.

Expenditures by Sub-Appropriation

2(k) Environmental Health	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	200.9	3.00	212.7	(11.8)	
Total Other Expenditures	16.8		15.5	1.3	

Health Information Resources

The Information Resources Centre is a support service to the department's program and research activities. The Centre supports departmental programming by developing, maintaining, circulating and distributing a current and retrospective collection of materials in a variety of formats and by maintaining and distributing a selection of health educational pamphlets required in the delivery of health care and education services. Support to research activities is provided by trained and skilled staff who create bibliographies on requested subjects. Requested items from these bibliographies are provided for the client either from the Centre's collection or borrowed from other libraries.

During the 1989/90 fiscal year, the following objectives were completed in order to update and automate the system:

- Acquired the DTI Acquisitions Module for ordering and receiving books and reports on the computer.
- Acquired an automated audio visual booking package, converted the manual records and began online automated booking in September 1989.
- Input 250 journals into a dBASE Serials database and printed a current Journals List.

As well, the following new initiatives were undertaken:

- Distribution of audio tapes of selected health educational pamphlets for the Hearing Impaired.
- Organization and storage of Manitoba Health's publications art files taken over from Queen's Printer in March 1990.
- Provision of French Language Services from July 1989.

Future plans include continuation of Information Resource Centre automation through automated conversion of remaining 20,000 book titles and acquisition of Serials Module in order to include journals in the online catalog and facilitate better control over the journal routing.

Statistical Summary of Information Centre Activities 1988/89 - 1989/90

Research and Program Delivery Support	1988/89	1989/90
Reference Questions Answered	1,006	1,229
Literature Searches	178	286
Interlibrary Loan	1,429	2,414
Audiovisuals Distribution	7,865	10,286
Publications Distribution	1,413,732	1,365,159
Circulation (books, journals, etc.)	3,599	3,600
Librarian Consultations	6	3

Expenditures by Sub-Appropriation

2(m) Health Information Resources	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	250.3	9.00	252.0	(1.7)	
Total Other Expenditures	229.9		228.5	1.4	

Community Health Services (Operations)

An elderly native woman receives assistance to board an airplane for evacuation to Winnipeg during the northern forest fire crisis of July 1989. All regional health staff were involved in the evacuation, the largest in the history of the province.

Regional Services

For administrative and service delivery purposes, Manitoba is subdivided into ten regions. These regional offices provide a wide variety of community based health and social services. These include: communicable disease control, audiological services, maternal and child health, health promotion, health education, services to seniors, home care, community mental health, dental health, environmental health, child and family services, mental retardation and rehabilitation, child day care, and medical consultation.

In each of the ten regions, the health service delivery system is managed by a regional director who is responsible for the administration and delivery of the field services of Manitoba Health and Manitoba Family Services.

Health Care to the North

The responsibility to provide health care services to northern communities which are distant from major medical centres is divided between Manitoba Health and Medical Services, Health and Welfare Canada in accordance with a 1964 Memorandum of Agreement. This agreement designates:

a) communities with a majority Status Indian population to federal jurisdiction for the provision of clinical and community health services

b) communities with a majority Non-Status Indian and Metis population to provincial jurisdiction for the provision of clinical and community health services.

Manitoba Health provides primary care and public health nursing services in 23 northern and remote

areas in the Thompson, Norman, Interlake, Eastman and Parklands health regions where access to other medical services and facilities is limited.

The primary objectives of the program include the provision of early diagnosis, treatment and follow-up of disease through primary care clinics and 24 hour emergency/first aid services, as well as services emphasizing disease prevention and health promotion.

In the 1989/90 fiscal year, there was an emphasis on trauma management training for professionals and para-professionals. Nineteen registered nurses who provide services on a resident or itinerant basis in provincial nursing stations, participated in a three day basic trauma life support course, and seven community health workers attended a two week "First Responder" program. The knowledge and skills obtained from these courses will be used by staff in evaluating, resuscitating and stabilizing trauma patients in northern communities during the critical minutes that follow an accident or inquiry.

Subsequent to the forest fire disaster in the summer of 1989, a post-forest fire intervention activity was initiated by Northern Health in conjunction with Health Promotion, Mental Health, Medical Services, and Health and Welfare Canada.

A forest fire activity book was developed and distributed to northern schools for children ages five to eight. This book was designed to teach children about fire safety and help those affected by the forest fire emergency and evacuation process to express their experiences and feelings. The children's artwork will also be used in a touring exhibit to educate the public about the forest fires as seen through the eyes of children.

In January 1990, a unique educational agreement was signed between Northern Health and the Department of Nursing and Health Studies, Brandon University. Currently, nursing courses at the baccalaureate level are not accessible to staff in rural and northern Manitoba. The new agreement calls for the development and delivery of a baccalaureate nursing course entitled "Comprehensive Health Assessment" for distance delivery. Twenty-seven registered nurses employed by Community Health Services in rural and northern Manitoba were enrolled in the course. Through the use of self-study modules and learning labs, the course provided content which is essential to the practice of community-based nursing.

In this fiscal year, a number of preliminary tripartite meetings with representation from the federal government, provincial government and native communities, were held to discuss the movement towards increased local control of the administration and delivery of health care services by Indian bands in Manitoba. It is anticipated that, in the next fiscal year, discussions will proceed on transfer initiatives that have been proposed for specific communities under the jurisdiction of the Swampy Cree Tribal Council.

Expenditures by Sub-Appropriation

3(a) Regional Services	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Total Salaries	26,275.6	764.00	26,434.6	(159.0)	1
Total Other Expenditures	3,769.9		3,754.1	15.8	

Explanation:

1. The under-expenditure is due to several vacancies in Winnipeg North, Parkland, Norman and Thompson regions; and the hiring of new staff with lower classification than the incumbent in most regions.

Mental Health

The Mental Health Division is the province's responsibility centre for mental health services. Broadly, the mandate of the division includes:

- Overall policy, planning and financial accountability of all components of the mental health system funded by Manitoba Health, including regional mental health services, provincial mental health centres, mental health services provided by personal care homes, hospitals, medical personnel (general practitioners and psychiatrists) and external agencies.
- Coordination of mental health initiatives and mental health public policy among Manitoba government departments, boards, agencies and commissions, where complimentary services are provided and identified as essential to achieving the objectives of the mental health program.

Mental Health Administration

The division is organized as two branches, Mental Health Services and Mental Health Programs. As in the past, the Chief Provincial Psychiatrist reports directly to the Deputy Minister of Health. The Mental Health Services branch provides operational direction to all mental health services which are delivered by the province; the Mental Health Programs branch provides broadly based policy/program development, coordination and planning. Both branches have responsibilities to ensure integration of service delivery across the spectrum of departmental and external programs.

Towards the end of the year, three new directorates became fully operational within the Mental Health Programs branch: Promotion and Prevention Programs, Rehabilitation Programs, and Clinical Programs. This marked a final step in a major reorganization of the division authorized by Cabinet in October 1988.

The ultimate goal of this reorganization, and new policy directions set by Cabinet, is to establish a balanced, coordinated and integrated mental heath service delivery system. In its quest to create such a system, the division has undertaken the task of clearly articulating the fundamental principles and policies that will form its building blocks. Subsequently, the Mental Health Division will develop a strategic plan to translate this vision into reality.

With a view to further enhancing the coordination of mental health services, the division is currently involved in forging stronger ties with the Manitoba Health Services Commission and general hospitals in the province. Discussions are underway to develop concrete strategies to clarify and strengthen the mandated role of the division in coordinating mental health services provided by all sectors.

In December of 1989, a consulting firm was hired to undertake a review of the delivery of mental health services in western regions of the province. A need for major renovations at the Brandon Mental Health Centre, and the proposal for acute care beds outlined in the Brandon General Hospital redevelopment plan, necessitated such a comprehensive review. The consultants will submit their report in April 1990. The division will review this report with a view to developing a concrete action plan.

A planning committee, composed in early 1989 with representation from various provincial departments (Manitoba Government Services, Justice, Health), is continuing its deliberations regarding the establishment of a long term psychiatric facility for mentally disordered offenders. A role statement for this proposed extended care forensic psychiatric facility has been completed. The division is providing overall leadership and direction for this project. Work on the functional plan will commence early in 1990/91.

Throughout the year, Mental Health continued its program of enhancing the partnership among government, the health professions, community groups and consumers. Among the most important developments in this area was the establishment of Regional Mental Health Councils. Now in place in each of the province's health regions these councils, diverse in their memberships, provide ongoing guidance on mental health issues and resource needs at the local level.

Work continued in 1989/90 on needed enhancements to the mental health service delivery system. Efforts to recruit and retain psychiatrists continued to show success, with progress noted in regions outside Winnipeg. Six projects, initiated last year as part of the New Directions in Mental Health, were made fully operational. Now in the early stages of evaluation, each can report on a high degree of activity since implementation (these projects are discussed in the section, Mental Health Programs). The Crisis Stabilization Unit, a centre for persons with mental health problems who experience crisis, was the subject of a comprehensive evaluation. Findings are now being reviewed by staff, with a view to further enhancing the mental health service delivery system.

Design work continued on the Mental Health Management Information System (M.H.M.I.S.). Intended as a tool for both clinicians and planners, this secured computerized system will collect admission, discharge, and basic clinical and demographic data on clients across the mental health system. Starting in April 1990, the M.H.M.I.S. will be piloted at the three mental health centres in the province. It will be introduced in the regions within the next fiscal year.

Following amendments to the Mental Health Act, proclaimed on March 1, 1988, the Mental Health Review Board was formed. The board hears appeals regarding any aspect of the admission or treatment of a patient in a psychiatric facility. Legislation also requires that there be an automatic review of all compulsory patients after the filing of the third certificate of renewal, and annually thereafter.

Eighteen review board members were appointed by the Lieutenant Governor in Council, and each panel consists of three members. By statute, one must be a lawyer who also presides at the hearing, one a psychiatrist, and one a person who is neither a lawyer nor a psychiatrist.

Hearings are held at the Brandon Mental Health Centre, the Selkirk Mental Health Centre, the Eden Mental Health Centre, and psychiatric units in the general hospitals. During the period April 1, 1989 to March 31, 1990, the review board received 97 applications requesting hearings. Twelve hearings have been completed, each lasting from one to 10 hours. During this same period, 22 automatic hearings were completed.

Expenditures by Sub-Appropriation

4(a) Mental Health Administration	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		7.00	313.4		
- Main Estimate Authority from General Salary Increases XXV			5.3		
Total Salaries	304.8		318.7	(13.9)	
Total Other Expenditures	114.7		137.9	(23.2)	1

Explanation:

1. The under-expenditure is due to a reduction in professional fees and related expenses as a result of fewer required meetings of the Mental Health Review Board.

Chief Provincial Psychiatrist

The Chief Provincial Psychiatrist is responsible for the administration of the Mental Health Act and provides professional consultation to various sectors of the mental health system.

The Chief Provincial Psychiatrist maintains a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba. This ensures an important linkage between the academic community and the Mental Health Division.

During 1989/90 the Chief Provincial Psychiatrist continued to receive requests to place persons with mental disorders under supervision, in accordance with Section 26.12(1) of The Mental Health Act.

Expenditures by Sub-Appropriation

4(b) Chief Provincial Psychiatrist	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		3.00	142.1		
- Main Estimate Authority from General Salary Increases XXV			2.6		
Total Salaries	79.5		144.7	(65.2)	1
Total Other Expenditures	94.6		39.7	54.9	

Explanation:

1. The over-expenditure in operating and under-expenditure in salaries are related to the payment of medical/professional fees to the Chief Provincial Psychiatrist on a contract basis.

Mental Health Programs

Headed by an executive director, this branch is responsible for comprehensive and coordinated policy/program planning, development and the establishment of standards and evaluation for all program components across all sectors of mental health services. This branch is also responsible for the development and monitoring of quality assurance standards, and for ensuring that a full range of services are available in all regions of Manitoba.

Mental Health Programs are organized as three directorates: Promotion and Prevention Programs, Rehabilitation Programs, and Clinical Programs. The executive director of programs provides overall leadership to the three directorates and maintains a close and effective liaison with the Mental Health Services branch to ensure that policies and programs developed meet the needs of clients being served across all sectors.

Expenditures by Sub-Appropriation

4(c) Mental Health Programs	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		2.00	68.0		
- Main Estimate Authority from General Salary Increases XXV			2.5		
Total Salaries	75.9		70.5	5.4	
Other Expenditures	48.4		129.5	(81.1)	1
Grants and Transfer Payments	1,657.7		1,693.4	(35.7)	
Total Other Expenditures	1,706.1		1,822.9	(116.8)	

Explanation:

1. The under-expenditure reflects the appointment of the Regional Mental Health Councils later in the year than anticipated.

Promotion and Prevention Programs

Mental Health Promotion provides leadership and policy direction in the development of promotion/preventive mental health programs. The focus of the directorate is to promote and enhance mental health, through program development, analysis, and consultation. The directorate has ongoing responsibilities for liaison with internal and external agencies; development of outreach programs; development and monitoring of promotion/preventive program standards; research to identify population needs for mental health prevention services; and allocation of resources to community agencies/organizations for the development and operation of promotion/prevention programs.

During the year, the directorate established the Youth Suicide Intervention Centre (YSIC). This centre provides a range of information, education and resource development services to social agencies, schools, and community groups across the province. Since its inception, the centre has conducted over 30 presentations for more than 800 attendees. Over the next year, the centre will be sponsoring a number of educational placements and will be involved in selected research projects. It also hopes to hire a STEP student to gather information relating to native suicide in Winnipeg.

Promotion and Prevention has lead responsibility in a number of specialized areas of mental health programming including:

- ongoing liaison with various ethnocultural groups/ agencies which have interest in mental health issues;
- establishing a position for a cross cultural mental health specialist, based in Winnipeg region; and
- involvement in federal/provincial/territorial meetings to develop policy guidelines in regards to women's mental health.

During the year, the directorate participated in the planning of the Mental Health Consumer Conference cosponsored by the Canadian Mental Health Association and the Support for Unmet Needs Network. Staff were also involved in organizing the federal government's consultation with Manitoba to examine the federal policy document "Striking a Balance", in respect to its implications for mental health service delivery in Manitoba. Participants included representatives of the formal mental health system, non-government agencies, community and self-help groups, native organizations, consumers, and other interested citizens.

Directorate staff assisted in the provision of emergency preventive services in incidents such as the Braemar triple murder suicide, the forest fires, the Lyngold mine closure, and suicides affecting the community. Staff were also involved, along with Child and Adolescent Mental Health Services, in activities relating to the production and distribution of an activity book for children affected by northern forest fires.

Expenditures by Sub-Appropriation

4(d) Promotion and Prevention Programs	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		5.00	207.1		
- Main Estimate Authority from General Salary Increases XXV			3.7		
Total Salaries	153.1		210.8	(57.7)	1
Total Other Expenditures	19.2		26.0	(6.8)	

Explanation:

1. The under-expenditure is related to position vacancies during reorganization.

Rehabilitation Programs

The Rehabilitation directorate provides leadership and policy direction, program development and evaluation of rehabilitative programs in mental health. This includes liaison with internal and external agencies, standards development and monitoring, needs assessment, and allocation of resources to community agencies and organizations. The directorate is also responsible for the Mental Health Division's proctor program, and during 1989/90 oversaw the development of two new programs: the Parklands and Winnipeg Region Multidisciplinary Team Enhancements.

The proctor program provides supportive and developmental programming for individuals who have significant psychiatric impairment, but who do not require psychiatric treatment in a hospital. The intent of the program is to prepare individuals for as normal a living situation as possible, given the nature and magnitude of their impairment. Service is provided either on a one-to-one basis or in group day program settings. In a few cases, persons with exceptional care requirements are supported through fee-for-service agreements. The program also supports two six-bed residences for persons with substantial, chronic impairment.

Two multidisciplinary team enhancements provided improved services to long-term care clients in the community. In Winnipeg, this allowed eight additional clients to participate in the Independent Group Living program. In Parklands, the enhancement has resulted in ten persons being able to relocate from the Brandon Mental Health Centre.

During the year, the directorate oversaw the development of a six bed community residence in Thompson, to be operated by the Canadian Mental Health Association. The facility is expected to be opened early next year. Staff also played a coordinating role in two major working committees: one studying the Spectrum of Residential Services for Psychiatrically Disabled Individuals in Manitoba and the other, the Spectrum of Occupational Resources for Psychiatrically Disabled Individuals in Manitoba. These committees, which include both divisional staff, non-government service providers, consumers, and family members, are examining major issues in the provision of the residential and occupational resources. The committees expect to report to the Mental Health Division in fall 1990.

Expenditures by Sub-Appropriation

4(e) Rehabilitation Programs	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		6.26	192.4		
- Main Estimate Authority from General Salary Increases XXV			4.5		
Total Salaries	218.2		196.9	21.3	
Total Other Expenditures	612.6		817.4	(204.8)	1

Explanation:

1. The under-expenditure is due to:
   a) postponement of furniture acquisition for expanded space at 1200 Portage Avenue, and reduced operational costs associated with a vacant position;
   b) timing of the Parklands and Winnipeg Enhancement Programs which could not be operationalized until completion of client and community assessment and preparation.

Clinical Programs

The Clinical Programs Directorate provides leadership in policy direction, program development, impact assessment, standards development, and evaluation of clinical programs in mental health. During 1989/90, this directorate oversaw the development of three new programs: the Psychogeriatric program, the Mobile Crisis Team, and the Acute Treatment and Consultation Team.

The Psychogeriatric program, located in Central Region, commenced operations October 1989. This program provides needed services at the local level to seniors experiencing psychiatric disorders. Since its inception, the program has developed clear policies and guidelines. A total of 42 cases were registered in its first six months of operation.

Based in Winnipeg, the Mobile Crisis Team provides immediate after-hours support and services to chronic and acute mentally ill adults who encounter crises. These crises range from housing problems through psychiatric breakdowns to potential conflicts with the law. A total of 134 clients were served during the first months of operation (September 1989 to March 31, 1990). During this time a total of 820 contacts were provided. Contacts included home visits and assessments, telephone calls, and consultations with ancillary professionals.

The Acute Treatment and Consultation Team provides short-term assessment and treatment services to children and adolescents and their families in the greater Winnipeg area. The team commenced operation October 1989. In addition to providing a large number of telephone consultations, this team opened a total of 156 treatment cases in 1989/90.

Expenditures by Sub-Appropriation

4(f) Clinical Programs	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		12.00	345.7		
- Main Estimate Authority from General Salary Increases XXV			4.8		
Total Salaries	313.1		350.5	(37.4)	
Total Other Expenditures	105.5		151.2	(45.7)	1

Explanation:

1. The under-expenditure is due to reduction in professional services for the Acute Treatment Consultation Team and Psychogeriatric Assessment Unit which were not required until the final quarter.

Mental Health Services

The Mental Health Services branch directs all mental health and related services that are delivered by the province of Manitoba. These include the services provided by the Brandon and Selkirk Mental Health Centres; the community based services delivered through the eight health and family service regions; and adult and children's forensic services. Additionally, the executive director and other senior operations staff are responsible for establishing a functional relationship with health facilities and organizations that are supported by the province of Manitoba, and which deliver psychiatric and related mental health services. These include hospitals, personal care homes, physicians, consumer organizations and private agencies.

The central responsibilities of the branch are to ensure that the activities of all segments of the mental health system are congruent with Manitoba Health's overall plan; that resources are distributed appropriately throughout Manitoba; and that services are directed to priority target populations (persons with chronic psychiatric impairment, psychogeriatric clients, and children and adolescents experiencing mental health disturbance).

Regional Mental Health Services

Mental Health Services are delivered by multidisciplinary teams at a number of locations across the province, through provincial regional health and family services offices. The goal of Regional Mental Health Services is to assist clients in reaching their highest level of functioning and integration within their own communities. Clients include persons at risk of developing psychiatric disturbance, those with active mental health problems, and the post mentally ill.

The community mental health teams provide comprehensive assessment, consultation, crisis intervention, direct treatment, follow-up and community education to individuals throughout the province. The program is also involved in the planning, development, and maintenance of community residences, independent and group living programs, foster homes, respite care, and day programs.

Regional mental health professionals participate in extensive, continuing education in order to respond effectively to the varied and changing needs of persons in the community who require their care. (Funding for regional mental health services falls under regional services which appears on page 37.)

Forensic Services

The mandate of Forensic Services is to provide psychiatric and psychological opinions to the Court, Probation Services and Corrections with respect to the presence of mental disorder in offenders or alleged offenders. These recommendations provide assistance in the disposition of cases. A second major goal is to provide treatment for mentally disordered offenders. In cases where criminality is the product of mental disorder, providing treatment may assist in reduction of recidivism.

Since Forensic Services is located at the Health Sciences Centre, an inpatient unit is available for assessment and short-term treatment. However, these services are also provided on an outpatient basis for some patients. At this time, the professional staff consists of one full-time and two part-time psychiatrists, a psychologist, a general physician and a social worker.

Forensic Services is also involved in education and research in collaboration with the Health Sciences Centre/University of Manitoba. Psychiatric residents have been receiving training in forensic psychiatry through this program for some time. However, in 1989/90, a postdoctoral training program in forensic psychology was also offered, for the first time, in partnership with Corrections Canada.

Construction on the new provincial psychiatric health centre based at the Health Sciences Centre is expected to begin shortly, with a projected completion date of spring 1992. This will allow for a much needed expansion of services, since the building will contain a 20 bed secure inpatient unit specifically designed for forensic patients. As well, the administrative and outpatient functions of Forensic Services will move into the new building.

Expenditures by Sub-Appropriation

4(g) Mental Health Services	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		8.00	382.8		
- Main Estimate Authority from General Salary Increases XXV			14.6		
Total Salaries	382.8		397.4	(14.6)	
Total Other Expenditures	324.3		226.1	98.2	1

Explanation:

1. The over-expenditure is due to:
   a) an increase in hourly rates for security services at the Forensic Unit - Health Sciences Centre, and for medical sessional fees charged by contracting psychiatrists;
   b) emergency services provided during the Lynn Lake mine closure.

Child & Adolescent Mental Health Services

It is considered that up to 30% of children and adolescents have some form of mental health disturbance requiring treatment, with 3% experiencing severe psychiatric disturbance. Children and adolescents do not "grow out of a problem" as was once believed. Rather, they grow out of childhood symptoms, with the underlying problem frequently continuing into adulthood.

Child and adolescent mental health is one of three designated priority areas for mental health services in Manitoba which reflect a consistent theme across Canada. There is recognition of the human and financial benefits of promoting good mental health and of identifying and treating existing problems as soon as possible.

Child & Adolescent Mental Health Services is comprised of the following components: rural/northern community mental health workers for children and adolescents (C.M.H.W. C/A), Children's Forensic Services, the psychiatric component of the Child Guidance Clinic and St. James Educational Support Services, and contract psychiatrists who consult to child support systems and teach in the Advanced Certificate in Community Child and Adolescent Psychiatry program.

Community mental health workers, functioning as members of the regional mental health team, provide mental health services to children and adolescents (0 - 18 years) and their families in designated geographic areas. This staff promotes the mental health of children and adolescents through the three components of assessment/treatment, consultation, and professional/public education. Interventions include individual, family, and group approaches with treatment such as crisis intervention, short and long term therapy and play therapy. The community workers are the link to Winnipeg based psychiatric hospital resources and provide referral and follow-up of children/adolescents who require this intensive treatment. Professional and public education during 1989/90 were focused on child/adolescent suicide, abuse, grieving issues, and violent behaviour.

Children's Forensic Services, located at the Manitoba Youth Centre, provides court ordered psychiatric and psychological assessments, and short and long-term therapy to adolescents at the Manitoba Youth Centre, Agassiz Youth Centre, and in open and secure custody.

Child and Adolescent Mental Health Services deploys psychiatrists to the Winnipeg Child Guidance Clinic, the St. James Educational Support Services, and Winnipeg Child and Family Service agencies. As part of a multidisciplinary team, these psychiatrists provide assessment, diagnosis and treatment to children and adolescents; consultation and professional education to the team; and program consultation and inservice education to teachers, social workers and other professionals in the community.

This unit is also responsible for policy and program development, federal/provincial liaison, specialized training in child and adolescent mental health, standards, and interdepartmental issues.

Since its inception (1975), Child and Adolescent Mental Health Services has provided an intensive six month clinical training program, the Advanced Certificate in Community Child and Adolescent Psychiatry, which is a prerequisite for working in Manitoba as a C.M.H.W. (C/A). Continuing education and clinical skill development is provided through quarterly workshops.

The advanced certificate has a clinical component and an academic series. The academic courses of the program continue to be made available to the hospital sector and community professionals. This series is the only child and adolescent mental health training program for non-medical clinicians in Manitoba and continues to be very popular.

This unit continues its involvement and support of CoCAPS (Coordination of Child and Adolescent Psychiatric Services), the committee comprised of medical and non-medical representatives of all child/adolescent psychiatric services. This group is committed to improving the access and coordination of psychiatric and mental health services for children/adolescents and families.

Two new initiatives were activated during the past year: the Acute Treatment and Consultation Team, and the Youth Suicide Information Centre. Both are now in operation and discussed under Clinical Services and Promotion and Prevention, respectively.

Staff also initiated interdepartmental planning and response to two major issues: trauma and ritual satanic abuse.

1) **Trauma:** In June of 1989, Victims Assistance Services - Winnipeg City Police, requested that Child and Adolescent Mental Health Services take the lead and respond to the triple murder/suicide on Braemar Street and subsequent evacuation of the neighborhood. The department developed an immediate response focused around a community meeting for all affected by the event which involved contact and participation from agencies, schools, churches, police and othes involved in counselling. The community meeting dealt with the trauma and grieving process according to the developmental stage of participants, i.e. clinicians worked separately with groups that were divided by age: preschool, elementary, adolescent, and adult. Following the group intervention, clinicians provided individual counselling on request. A follow-up community meeting was held two weeks later for those still in the acute stage of trauma/grieving.

The second major community trauma was the forest fires and mass evacuation of the North. Child and Adolescent Mental Health Services was active in coordinating the mental health response to the situation and in a followup intervention plan for the children who had been traumatized by the fire and evacuation to Winnipeg and other centres. The vast geographic area and large number of children called for a unique community response. Child and Adolescent Mental Health Services, in conjunction with Health Promotion and Northern Health, developed an activity book to help children heal from the trauma of the fires. A native artist did the drawings and consulted on the content to ensure it was in keeping with native beliefs and culture. The centre of the book was a pull-out, mail-in section for children to express their feelings about the fire through drawings and stories. The plan is to display these drawings in 1990 to help Manitobans understand the magnitude of the situation.

2) **Ritual Satanic Abuse:** Referrals of adolescents involved with satanic abuse and requests for information or assistance from the unit increased dramatically in the past year. As a result, Child and Adolescent Mental Health Services provided community mental health workers with a workshop on treatment, and contacted the Family Services Directorate and Youth Corrections to prepare a one-day interdepartmental information and planning meeting for key representatives from each department. It became clear that all government departments which work with children and families, the Winnipeg Police and R.C.M.P., and the clergy were all concerned and involved in varying degrees with this issue. It was agreed that the first priority was to develop a method of training staff from all areas in how to identify, assess, and treat adolescents involved in satanic cults, and child or adolescent survivors of ritual satanic abuse.

An interdepartmental committee comprised of Mental Health, Family Services, Education and Training, and Justice has been struck and is developing an interdepartmental multidisciplinary workshop scheduled for fall 1990.

Satanic cults have been identified in all parts of Manitoba; the apparent increase in satanic activity parallels a similar trend across North America. The problem affects children of all ages, from preschoolers who have experienced ritual sexual abuse in day care and other settings, to children who are born into cults and grow up being physically and sexually abused in ritual ceremonies, to adolescents who are recruited to a cult by promises of power and success.

The federal/provincial working group on Child and Youth Mental Health Services has completed its final report, "Foundations for the Future". The priority issues identified are "the need for planning and coordination of a broadly based children's services network; the need for integration of hospital and community mental health systems; the need for pro-active planning to develop preventive and early intervention services; and the immediacy of services to children and youth who require specific attention". The foundation is represented by four major building blocks: mental health promotion, partnerships, access, and innovation and excellence.

The Partners for Health policy paper entitled "A New Partnership for Mental Health in Manitoba" and the implementation of this concept provided helpful background for Child & Adolescent Mental Health Services when contributing to "Foundations for the Future".

Expenditures by Sub-Appropriation

4(h) Child and Adolescent Mental Health Services	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		12.00	776.8		
- Main Estimate Authority from General Salary Increases XXV			8.2		
Total Salaries	587.2		785.0	(197.8)	1
Total Other Expenditures	352.6		161.2	191.4	2

Explanation:

1. The under-expenditure is due to vacancies in staff positions.
2. The over-expenditure is due to professional fees and related costs of psychiatrists providing services on a contract basis.

Brandon Mental Health Centre

The Brandon Mental Health Centre (BMHC), an accredited psychiatric treatment facility, provides inpatient and outpatient services for the mental health needs of residents of western Manitoba. The centre catchment area includes the entire Westman and Parklands regions and the western half of the central region of Manitoba. BMHC also provides program and administrative direction to meet the needs of the residents of Rideau Park Personal Care Home.

The Brandon Mental Health Centre utilizes the multidisciplinary approach to care and treatment of mental and emotional disorders. Program teams provide a range of modern services to patients in a supportive and compassionate environment. Individual and group psychotherapy, family therapy, behaviour therapy, chemotherapy and electroconvulsive therapy are offered to patients as required. The centre has access to the major medical specialties and, through them, access to modern methods of investigation.

BMHC provides a range of mental health services including inpatient, day treatment, outpatient, and follow-up programs. As well, it sponsors a School of Nursing which offers a psychiatric nursing education program.

In 1989/90, the Brandon Mental Health Centre amalgamated with the Rideau Park Personal Care Home. The mental health centre also assumed administrative and clinical responsibility for all aspects of the Rideau Park Personal Care Home.

During the year, the centre provided for 879 inpatient admissions and 2,599 outpatient units. The average daily inpatient population was 265.8 for the mental health facility and 100 for the personal care home.

The centre continues to receive over 70% of its admissions from the Westman area. The remaining admissions come from Parklands, Central and Winnipeg regions.

Statistical data on the delivery of services by the Brandon Mental Health Centre are contained in the statistical appendix.

During the year, BMHC conducted program reviews for the admission unit, pharmacy, school of nursing, outpatient department, behaviour therapy program, and the community preparation program. The reviews are part of an ongoing evaluation to ensure that programs and services are appropriate and productive.

The program advisory committee of the Brandon Mental Health Centre conducted an organizational review of clinical programs and services at the Centre. Results of this review are being studied by the Mental Health Division.

During this fiscal year, a functional review was conducted on the Brandon Mental Health Centre and mental health services in western Manitoba. The review provided recommendations to the Mental Health Division on future mental health program requirements in western Manitoba which are now under study.

A shortage of psychiatrists, pharmacists, and occupational therapists continues to pose challenges for the centre. Response measures have included controls on admissions and more stringent screening. This situation continues to be addressed through ongoing recruitment efforts.

The amalgamation of the Brandon Mental Health Centre and the Rideau Park Personal Care Home resulted in some short term layoffs and a reduction in hours to some employees. An employee transition committee was established to assist the affected employees in finding employment or full time work. By year end, the transition committee had successfully found full time work for all affected staff.

A number of major construction projects were undertaken in 1989/90. The industrial therapy program moved into its newly constructed building in November 1989. This building provides a modern environment where patients can participate in a structured work adjustment program. In 1989/90, a total of 117 patients participated in this program.

A number of other major capital programs were started in 1989/90, including a fire safety upgrading to the nurses' residence which includes further access for the handicapped. The construction resulted in the temporary move of the School of Nursing to the Pine Ridge Building. Renovations were completed for a new stores area in the Parkland Building. Major renovations to the clinical records department were also completed this year.

Major repairs were done to the roof and exterior of the Parkland Building in 1989/90. Solutions to poor environmental conditions on the nursing units continue to be a major priority, specifically with regard to ventilation, air conditioning and privacy.

The Brandon Mental Health Centre hosted approximately 70 people who were displaced during the summer forest fire crisis.

During 1989/90, Manitoba Health conducted audits of the centre's linen operations and trust office. Many of the recommendations in the linen audit have been implemented; a final report on the trust office audit is expected soon.

Development of the Mental Health Management Information System continued in 1989/90; it is expected to be piloted in 1990.

Finally, in preparation for the Brandon Mental Health Centre's Centennial in 1991, a committee was established to plan for the celebrations.

Expenditures by Sub-Appropriation

4(j) Brandon Mental Health Centre	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		613.26	16,682.5		
- Main Estimate Authority from General Salary Increases XXV			432.9		
Total Salaries	16,487.2		17,115.4	(628.2)	1
Total Other Expenditures	2,358.4		1,836.4	522.0	2

Explanation:

1. The under-expenditure is due to position vacancies.
2. The over-expenditure is due to increased laundry expenses as well as consultation related to the development of a functional plan for the centre.

Selkirk Mental Health Centre

The Selkirk Mental Health Centre (SMHC), an accredited psychiatric treatment facility, provides inpatient and outpatient services for the mental health needs of residents of Interlake, Eastman, Thompson, Norman, and Winnipeg regions to a population in excess of 900,000. Outpatient services consist of treatment and consultation services to all regions as well as itinerant treatment services in the Interlake region and a wide range of community mental health services in the Selkirk area.

The Selkirk Mental Health Centre has three active inpatient units providing specialized programming:

- Selkirk Psychiatric Institute (S.P.I.) provides short term treatment for patients from all regions requiring admission or assessment.
- Reception Unit serves patients who require longer term intensive treatment and rehabilitation.
- Infirmary Unit provides services to psychogeriatric patients, and patients from other units requiring short term medical treatment for physical problems.

SMHC offers a variety of treatment/rehabilitation programs at all levels of care including:

1) **Admissions/Assessment Program** - provides short term treatment for patients in catchment area who require admission and assessment. Admissions from Winnipeg region consist of referrals from Winnipeg psychiatric units, Forensic Services and selected cases from Winnipeg region Family Services. Relationships with relevant community care givers are maintained to ensure continuity of care.

2) **Behaviour Therapy Program** - Treatment is provided for patients requiring a specific modification in behaviour.

3) **Rehabilitation/Life Skills/Domiciliary Care Program** - This program addresses the needs of long term patients who require social skills/life skills training as well as longer term care.

4) **Intensive Psychiatric Care** - A secure area in which intensive short-term programs are provided for individuals who may be harmful to themselves or others.

5) **Psychogeriatric Program** - This program provides specialized assessment and care to maintain and enhance quality of living for elderly patients.

Treatment services in all units are provided by multidisciplinary treatment teams consisting of psychiatry, psychology, occupational therapy, psychiatric nursing and social work staff as well as other support staff (chaplaincy, pharmacy, clinical records).

The social work department is coordinating a review of the two group homes in Selkirk operated by the centre. During the past year, detailed reviews were also prepared on the acute/admission program, pharmacy and the school of nursing as part of Mental Health Division's program evaluation activities.

The psychiatric manpower recruitment initiatives of the Mental Health Division resulted in the appointment of a psychiatrist and general practitioner, two part time psychiatrists and one part time general practitioner.

The psychology department has made a number of changes designed to enhance the effectiveness and efficiency of its services: an updating of policies and procedures for the delivery of clinical services; the development of a statistical data system; the provision of more extensive individual clinical supervision of psychology staff not qualifying for registration at the independent level of practice; and updating the inventory of psychology tests.

The anticipated closure of the mine at Lynn Lake, resulted in a request by the Mental Health Division in November 1989, to provide psychiatric services to this northern community. The Selkirk Mental Health Centre responded to the challenge by providing two registered psychiatric nurses four days per week. Following the mine closure, and the initial response to the crisis, services were provided on a reduced basis. It is expected that the program will conclude by June 1990 and that future mental health programming for Lynn Lake will be provided through the Thompson regional office.

Centre staff participated in the departmental working committee to develop the Mental Health Management Information System. The Selkirk Mental Health Centre has been selected as one of the system's pilot sites. Entry of patient data from the centre is expected to occur early in the next fiscal year.

The use of computers continues to expand at the centre. The clinical records department has automated most of the regular reports on patient services. The pharmacy acquired the necessary software and additional hardware in March 1990 to proceed with the automation of pharmacy systems. Training will commence early in the 1990/91 fiscal year.

The centre, in concert with Manitoba Government Services, is planning fire safety improvements for the Recreation Hall and the Residence/Administration Building. It is anticipated that renovations to install detector systems, fire rated exits, and other improvements will commence in 1990/91.

The importance of quality assurance programs for all SMHC services continues to be emphasized. A risk management program will operate in conjunction with the quality assurance program.

Expenditures by Sub-Appropriation

4(k) Selkirk Mental Health Centre	Actual 1989/90 $	SY	Estimate 1989/90 $	Variance Over (Under) $	Expl. No.
Salaries					
- Main Estimate		451.26	14,200.8		
- Main Estimate Authority from General Salary Increases XXV			286.3		
Total Salaries	14,252.3		14,487.1	(234.8)	
Total Other Expenditures	2,318.4		2,079.5	238.9	1

Explanation:

1. The over-expenditure is due to:
   a) an increase in professional fees from the addition of new medical staff on a contract basis
   b) increasing cost of drugs, supplies and utilities.

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 1990
with comparative figures for the previous fiscal year

Estimate 1989/90	Appropriation	Actual 1989/90	Actual 1988/89	Increase (Decrease)	Explanation Number
	21-1 Administration and Finance				
20,600	(a) Minister's Salary	20,500	20,600	(100)	
	(b) Executive Support				
394,300	Salaries	391,900	337,100	54,800	
100,200	Other Expenditures	188,800	185,700	3,100	
500,000	(c) Health Advisory Network	193,300	100	193,200	1
	(d) Policy and Planning Secretariat				
416,000	Salaries	368,200	418,200	(50,000)	
94,000	Other Expenditures	97,200	59,500	37,700	2
	(e) Communications				
205,000	Salaries	200,600	93,200	107,400	3
19,400	Other Expenditures	34,200	24,000	10,200	
	(f) Administration & Financial Services				
964,400	Salaries	971,900	992,870	(20,900)	
50,200	Other Expenditures	81,700	53,200	28,500	4
	(g) Human Resource Management				
596,000	Salaries	548,100	501,900	46,200	
62,700	Other Expenditures	54,100	49,100	5,000	
	(h) Internal Audit				
151,300	Salaries	150,400	143,800	6,600	
25,900	Other Expenditures	25,900	25,900	0	
3,600,000	Total 21-1	3,326,800	2,905,100	421,700	
	21-2 Community Health Services (Programs)				
	(a) Program and Operation Support				
1,179,800	Salaries	732,100	826,700	(94,600)	
174,300	Other Expenditures	235,700	145,200	90,500	5
	(b) Communicable Disease Control				
715,000	Salaries	773,600	682,800	90,800	
4,941,800	Other Expenditures	4,545,400	4,039,400	506,000	6
201,900	External Agencies	178,200	159,300	18,900	
	(c) Women's Health				
286,700	Salaries	265,200	256,900	8,300	
455,600	Other Expenditures	282,400	343,700	(61,300)	
542,000	External Agencies	532,100	633,600	(101,500)	
	(d) Health Promotion				
624,800	Salaries	673,800	732,600	(58,800)	
443,300	Other Expenditures	284,800	318,800	(34,000)	
1,310,000	External Agencies	1,023,100	535,200	487,900	7
	(e) Hearing Conservation				
108,700	Salaries	114,300	107,300	7,000	
191,100	Other Expenditures	140,200	225,500	(85,300)	8
46,300	External Agencies	45,000	50,000	(5,000)	
	(f) Gerontology				
171,800	Salaries	165,200	148,500	16,700	
113,900	Other Expenditures	78,100	102,700	(24,600)	
1,567,800	External Agencies	1,451,000	1,144,300	306,700	9

Manitoba Health

Expenditure Summary (Continued)

for fiscal year ended March 31, 1990
with comparative figures for the previous fiscal year

Estimate 1989/90	Appropriation	Actual 1989/90	Actual 1988/89	Increase (Decrease)	Explanation Number
	(g) Continuing Care				
425,000	Salaries	419,400	331,100	88,300	10
129,700	Other Expenditures	140,400	86,500	53,900	11
47,782,300	Home Care Assistance	42,204,600	39,012,300	3,192,300	12
519,900	External Agencies	530,900	467,500	63,400	
	(h) Medical Equipment & Supplies				
675,400	Salaries	688,800	637,700	51,100	
2,980,300	Other Expenditures	2,872,200	2,771,100	101,100	
651,800	External Agencies	719,500	631,200	88,300	
	(j) Dental Services				
2,383,300	Salaries	2,368,400	2,266,100	102,300	
2,663,600	Other Expenditures	1,925,200	2,127,400	(202,200)	
172,600	External Agencies	159,800	153,600	6,200	
	(k) Environmental Health				
212,700	Salaries	200,900	176,200	24,700	
15,500	Other Expenditures	16,800	15,200	1,600	
	(m) Health Information Resources				
252,000	Salaries	250,300	227,700	22,600	
228,500	Other Expenditures	229,900	236,300	(6,400)	
72,167,400	Total 21-2	64,247,300	59,592,400	4,654,900	
	21-3 Community Health Service (Operations)				
	(a) Regional Services				
26,434,600	Salaries	26,275,600	24,332,000	1,943,600	13
3,522,700	Other Expenditures	3,531,700	3,265,500	266,200	
231,400	Northern Health	238,200	34,800	203,400	14
30,188,700	Total 21-3	30,045,500	27,632,300	2,413,200	
	21-4 Mental Health				
	(a) Mental Health Administration				
318,700	Salaries	304,800	242,100	62,700	15
137,900	Other Expenditures	114,700	92,500	22,200	16
	(b) Chief Provincial Psychiatrist				
144,700	Salaries	79,500	61,800	17,700	15
39,700	Other Expenditures	94,600	73,300	21,300	17
	(c) Mental Health Programs				
70,500	Salaries	75,900	26,300	49,600	15
129,500	Other Expenditures	48,400	165,300	(116,900)	18
1,693,400	External Agencies	1,657,700	1,439,000	218,700	
	(d) Mental Health Promotion & Prevention				
210,800	Salaries	153,100	39,500	113,600	15
26,000	Other Expenditures	19,200	0	19,200	
	(e) Mental Health Rehabilitation				
196,900	Salaries	218,200	171,000	47,200	15
817,400	Other Expenditures	612,600	538,200	74,400	

Manitoba Health

Expenditure Summary (Continued)

for fiscal year ended March 31, 1990
with comparative figures for the previous fiscal year

Estimate 1989/90	Appropriation	Actual 1989/90	Actual 1988/89	Increase (Decrease)	Explanation Number
	(f) Mental Health Clinical				
350,500	Salaries	313,100	95,800	217,300	15
151,200	Other Expenditures	105,500	81,300	24,200	19
	(g) Mental Health Services				
397,400	Salaries	382,800	366,800	16,000	
226,100	Other Expenditures	324,300	185,300	139,000	20
	(h) Child & Adolescent Mental Health Services				
785,000	Salaries	587,200	439,300	147,900	15
161,200	Other Expenditures	352,600	193,100	159,500	21
	(j) Brandon Mental Health Centre				
17,115,400	Salaries	16,487,200	17,604,300	(1,117,100)	
1,836,400	Other Expenditures	2,358,400	2,145,700	212,700	
	(k) Selkirk Mental Health Centre				
14,487,100	Salaries	14,252,300	14,001,800	250,500	
2,079,500	Other Expenditures	2,318,400	2,169,000	149,400	
41,375,300	Total 21-4	40,860,500	40,131,400	729,100	
147,331,400	TOTAL EXPENDITURES	138,480,100	130,261,200	8,218,900	

Notes:

(1) The above statement represents only the department and does not include the Manitoba Health Services Commission or the Alcoholism Foundation of Manitoba.

(2) The 1988/89 and 1989/90 Actuals have been re-organized in order to reflect re-alignments within the department.

Manitoba Health

Expenditure Explanations

1988/89 — 1989/90

1. The increase is due to the Health Advisory Network becoming operational in 1989/90.
2. The variance consists of increased professional fees, temporary personnel services and increased transportation costs.
3. The increase is due to general salary increase, increments, pay equity and filling of vacant positions.
4. The variance is due to increased telephone, courier, office supplies, and computer related expenditures.
5. The variance is comprised of increased professional fees, travel expenses and costs of office supplies.
6. The increase is due to:
   a. higher meat inspection costs due to an increase in hourly inspection rates
   b. increased costs of vaccines and other immunizing agents
   c. launching of the AIDS Education Campaign Phase II in 1989/90.
7. The increase in grants is due to the addition of nine programs in 1989/90.
8. The decrease in expenditures is a result of:
   a. decreased travel
   b. fewer clinical audiometers being purchased.
9. The increase represents the new Support Services to Seniors sites developed in 1989/90.
10. The increase is due to two new staff positions.
11. The increase is due to increased travel expense incurred to review rural caseloads, and production costs of client information package and M.S.S.P.
12. The increase is due to:
    a. increase in personnel costs related to the additional rate increase, cost of living increase and benefit package for home care attendants; and the increase in the use of Home Care Attendant Services, LPN and RN
    b. increase in direct service in some regions and the resulting higher transportation expenses
    c. more units of service provided by VON nursing, Fokus and Luther projects resulting in increased supply and service costs.
13. The increase is due to general salary increases, pay equity, increments and reclassifications; new positions created in some regions; increase in remoteness allowance.
14. The increase relates mainly to increased professional fees-for services rendered by contractual physicians.
15. The increase relates to expanded staffing to meet the mandate of internal reorganization and new initiatives in Mental Health Division.
16. The increase relates to the construction and renovation costs of 1200 Portage Avenue offices.
17. The variance relates to increased services of the Chief Provincial Psychiatrist.
18. The decrease reflects a transfer of program operating costs to other areas due to internal reorganization.
19. The variance is due to increased travel and increases in office expenses.
20. The increase is due to higher security fees for the Forensic Unit at the Health Science Centre, and the psychiatrist's sessional fees.
21. The increase is for professional fees for consulting psychiatrists and others on contractual basis.

Manitoba Health

Revenue Summary by Source

for fiscal year ended March 31, 1990
with comparative figures for the previous fiscal year

Actual 1988/1989	Actual 1989/90	Increase (Decrease)	Source	Actual 1989/90	Estimate 1989/90	Variance	Explanation Number
			Current Operating Programs:				
			Other Revenue				
1,954,700	1,763,600	(191,100)	(a) Sundry	1,763,600	1,919,500	(155,900)	1
			Government of Canada				
3,752,800	3,909,300	156,500	(a) V.R.D.P.	3,909,300	3,709,300	200,000	
10,172,600	10,664,900	492,300	(b) Canada Assistance Plan	10,664,900	11,077,400	(412,500)	2
13,925,400	14,574,200	648,800	Total	14,574,200	14,786,700	(212,500)	
15,880,100	16,337,800	457,700	Total Revenue	16,337,800	16,706,200	(368,400)	

Note: The above statement reflects only the department and does not include the Manitoba Health Services Commission or the Alcoholism Foundation of Manitoba.

Explanatory Comments Regarding Revenue Increases (Decreases) and Variances:

1. SUNDRY ACCOUNTS

A) The decrease in Sundry Accounts is due to:

1) Per diem charges to chronic patients in mental health centres - Revenue decreased due to the transfer of 100 patients from Brandon Mental Health Centre to Rideau Park in 1988.
2) Revenues from medical supplies decreased due to lower demand for medical supplies and equipment supplied by the branch in 1989/90.
3) Revenues from board and living accommodation decreased. Fewer units were available for occupancy at the Selkirk Mental Health Centre in 1989/90 due to ongoing renovations.

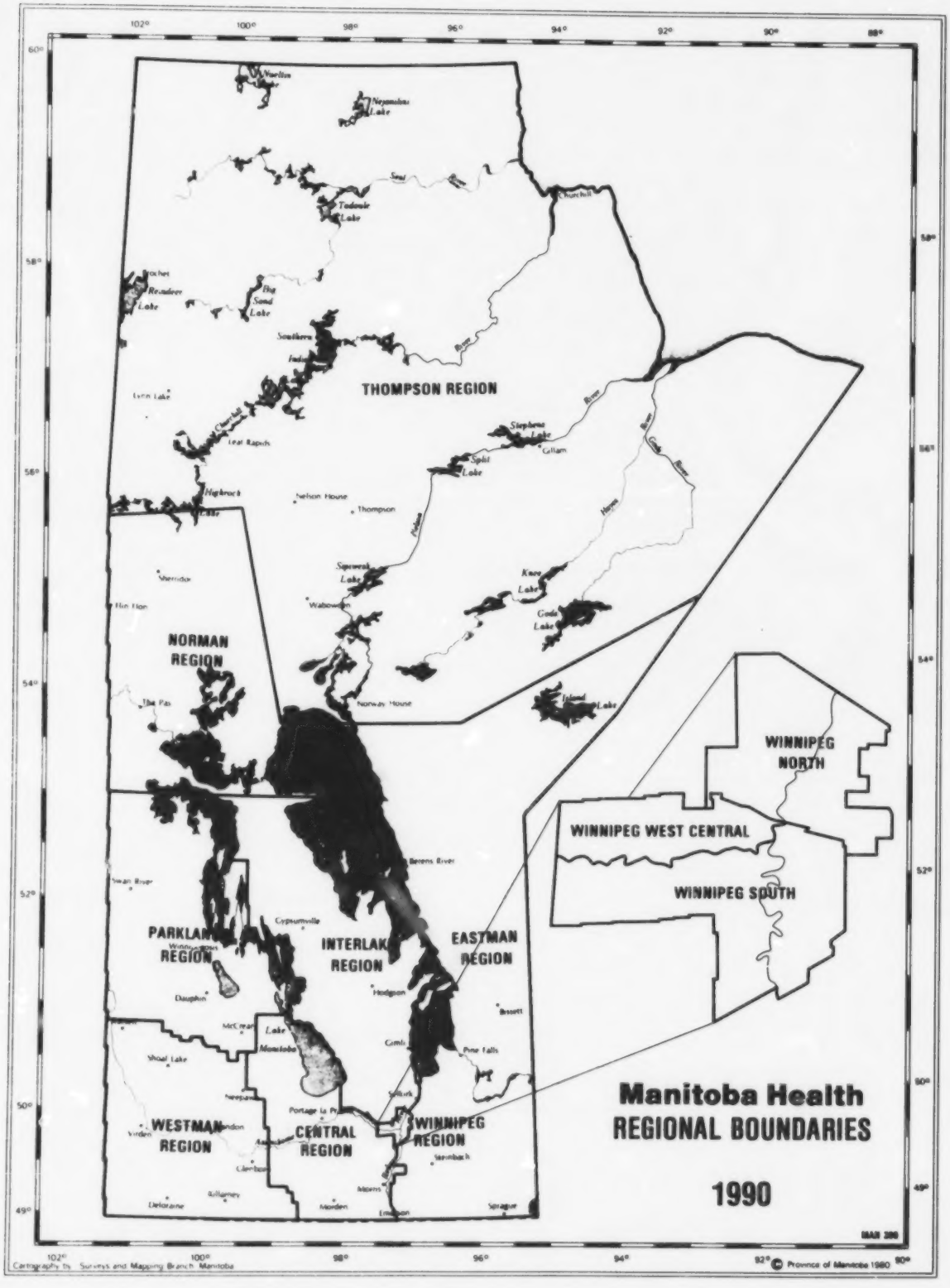
B) Actual sundry revenue is lower than the 1989/90 print due to the following:

1) Maintenance of Patients - Revenue is under due to the time factor in billing the patients.
2) Medical Supplies - Revenue is under due to lower demand for medical supplies and equipment supplied by the branch.

2. CANADA ASSISTANCE PLAN

A) The increase in C.A.P. is due to increased shareable costs related to caseload and volume increases in Home Care Assistance portion, and increased expenditures related to Support Services to Seniors projects.

B) The under-variance in C.A.P. is due to write-off of 1988/89 receivables. The under-recovery on the 1988/89 receivables was due to the fact that the 1988/89 actual Home Care Assistance expenditure were 10.7% lower than budgeted; therefore, the related cost-shared revenues were also lower than anticipated.


THOMPSON REGION
NORMAN REGION
PARKLAND REGION
INTERLAKE REGION
EASTMAN REGION
WESTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WINNIPEG NORTH
WINNIPEG WEST CENTRAL
WINNIPEG SOUTH
Manitoba Health
REGIONAL BOUNDARIES
1990
Cartography by Surveys and Mapping Branch, Manitoba
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Population of Manitoba

TABLE 1

Population of Manitoba by Health Region, by Age Group and Sex — June 1, 1989

HEALTH REGION	SEX	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	TOTAL
	M	4,235	4,425	4,022	3,955	3,584	3,848	3,758	3,277	2,791	2,294	1,988	1,862	1,948	1,808	4,025	47,820
CENTRAL	F	4,063	4,057	3,922	3,847	3,223	3,761	3,630	3,066	2,687	2,228	1,975	1,953	2,025	2,156	5,172	47,765
	T	8,298	8,482	7,944	7,802	6,807	7,609	7,388	6,343	5,478	4,522	3,963	3,815	3,973	3,964	9,197	95,585
	M	3,935	4,125	3,940	3,826	3,314	3,697	3,646	3,253	2,901	2,232	1,905	1,764	1,644	1,458	2,741	44,381
EASTMAN	F	3,780	3,819	3,839	3,596	2,993	3,487	3,497	3,228	2,608	2,129	1,724	1,599	1,532	1,512	3,049	42,392
	T	7,715	7,944	7,779	7,422	6,307	7,184	7,143	6,481	5,509	4,361	3,629	3,363	3,176	2,970	5,790	86,773
	M	3,014	2,990	3,071	3,313	2,840	2,911	2,968	2,974	2,548	2,130	1,756	1,805	1,572	1,504	2,870	38,266
INTERLAKE	F	2,742	2,840	2,852	3,032	2,503	2,840	2,940	2,775	2,497	1,949	1,721	1,701	1,606	1,624	3,272	36,894
	T	5,756	5,830	5,923	6,345	5,343	5,751	5,908	5,749	5,045	4,079	3,477	3,506	3,178	3,128	6,142	75,160
	M	1,158	1,157	1,137	1,179	1,039	1,252	1,210	1,009	849	598	501	475	399	308	560	12,831
NORMAN	F	1,128	1,096	1,145	1,139	1,022	1,180	1,085	906	680	594	456	373	393	313	709	12,219
	T	2,286	2,253	2,282	2,318	2,061	2,432	2,295	1,915	1,529	1,192	957	848	792	621	1,269	25,050
	M	1,734	1,896	1,959	2,029	1,613	1,655	1,608	1,556	1,482	1,203	1,165	1,137	1,271	1,289	2,768	24,365
PARKLANDS	F	1,598	1,731	1,902	1,843	1,404	1,531	1,568	1,505	1,345	1,183	1,043	1,168	1,252	1,320	3,329	23,722
	T	3,332	3,627	3,861	3,872	3,017	3,186	3,176	3,061	2,827	2,386	2,208	2,305	2,523	2,609	6,097	48,087
	M	3,183	2,784	2,720	2,717	2,420	2,266	1,901	1,631	1,434	1,105	865	598	387	249	416	24,676
THOMPSON	F	2,989	2,639	2,525	2,493	2,323	2,283	1,798	1,591	1,251	914	699	473	307	249	401	22,935
	T	6,172	5,423	5,245	5,210	4,743	4,549	3,699	3,222	2,685	2,019	1,564	1,071	694	498	817	47,611
	M	4,443	4,482	4,451	4,433	4,101	4,729	4,623	4,084	3,574	2,853	2,546	2,721	2,933	2,686	6,081	58,740
WESTMAN	F	4,257	4,198	4,189	4,208	3,911	4,664	4,474	3,985	3,487	2,941	2,668	2,755	2,950	3,195	8,145	60,027
	T	8,700	8,680	8,640	8,641	8,012	9,393	9,097	8,069	7,061	5,794	5,214	5,476	5,883	5,881	14,226	118,767
	M	22,125	20,845	20,572	22,246	26,090	31,844	28,875	25,290	21,770	16,424	13,877	13,684	12,488	11,448	20,179	307,757
WINNIPEG	F	21,298	19,837	19,518	21,600	26,978	31,108	28,555	25,685	22,177	16,651	14,273	14,301	14,756	14,820	33,463	325,020
	T	43,423	40,682	40,090	43,846	53,068	62,952	57,430	50,975	43,947	33,075	28,150	27,985	27,244	26,268	53,642	632,777
	M	43,827	42,704	41,872	43,698	45,001	52,202	48,589	43,074	37,349	28,839	24,603	24,046	22,642	20,750	39,640	558,836
MANITOBA	F	41,855	40,217	39,892	41,758	44,357	50,854	47,547	42,741	36,732	28,589	24,559	24,323	24,821	25,189	57,540	570,974
	T	85,682	82,921	81,764	85,456	89,358	103,056	96,136	85,815	74,081	57,428	49,162	48,369	47,463	45,939	97,180	1,129,810
INDIAN	M	4,564	3,734	3,275	3,243	2,984	2,515	1,866	1,428	1,156	891	712	584	452	341	624	28,369
BANDS	F	4,250	3,440	3,146	3,220	3,070	2,651	1,940	1,407	1,098	803	699	510	390	313	618	27,555
	T	8,814	7,174	6,421	6,463	6,054	5,166	3,806	2,835	2,254	1,694	1,411	1,094	842	654	1,242	55,924

TABLE 1

Medical Equipment and Supplies: Caseload Movement by Program —

1989/90

	Continuing Care Supplies[1]	Home Care Equipment[2]	Ostomy Supplies[3]	Respiratory Support Equipment[4]	Wheelchairs		Total
					Electric	Standard	
Beginning of Year	2,753	17,259	1,688	228	327[5]	4,957	27,212[5]
Cases Opened	3,488	7,105	411	163	80	1,739	12,986
Total Cases	6,241	24,364	2,099	391	407	6,696	40,198
Cases Closed	4,654	8,148	379	133	57	1,540	14,911
End of Year	1,587	16,216	1,720	258	350	5,156	25,287

[1] *Denote clients who are in receipt of Home Care Services and disposable medical supplies on an ongoing basis.*

[2] *Denote clients who have been provided with one or more pieces of Home Care Equipment to facilitate care in their own homes.*

[3] *Denote clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an ongoing basis.*

[4] *Denote clients who are utilizing the life-support oxygen concentrators on an ongoing basis.*

[5] *Revised.*

TABLE 2

Medical Equipment and Supplies: Patient and Other Services by Program and Type —

1989/90

Patient Services	Technician			Mail/Transfer/Patient		Other	Total
	Deliveries	Returns	Maintenance	Deliveries	Returns		
Continuing Care Supplies	276	11	—	21,223	60	—	21,570
Home Care Equipment	3,302	7,267	2,494	16,173	3,784	—	33,020
Ostomy Supplies	150	—	—	11,219	—	1,813	13,182
Respiratory Support Systems	637	411	1,589	72	17	—	2,726
Total	4,365	7,689	4,083	48,687	3,861	1,813	70,498
Services to other Programs:							
Reproductive Health	—	—	—	279	—	—	279
Public Health	—	—	—	607	8	—	615
Total	—	—	—	886	8	—	894
Total Services	4,365	7,689	4,083	49,573	3,869	1,813	71,392

NOTE: For definitions see Table 1 of Part 2, Section 1.

TABLE 1

Public Health Nursing: Reported Caseload Movement by Category — 1989/90

	Category						
	Maternal	Child Care	School	Adult	Elderly	Communicable Diseases	Total
Beginning of Year[1]	205	3,492	206	537	408	54	4,902
Cases Opened	254	1,934	140	384	163	142	3,017
Total Cases	459	5,426	346	921	571	196	7,919
Cases Closed	260	2,291	119	365	189	127	3,351
End of Year	199	3,135	227	556	382	69	4,568

[1] *Revised.*

TABLE 1

Communicable Diseases[1]: Reported Cases in Manitoba — 1987 to 1989

Disease	Number of Cases		
	1987	1988	1989
Intestinal Infectious Diseases:			
Typhoid fever (002.0)	—	3	6
Paratyphoid fever (002.9)	3	2	1
Salmonellosis (003)	211	210	248
Shigellosis (004)	33	41	52
Food Poisoning (Bacterial)			
Staphylococcal (005.0)	1	1	—
Unspecified (005.9)	3	1	—
E. coli (008.0)	—	57	115
Tuberculosis:			
Primary (010)	11	3	9
Respiratory (011-012)	78	82	60
Non-Respiratory (013-018)	36	27	32
Sexually Transmitted Diseases:			
Gonococcal infections (098)	2,891	2,035	1,585
Syphilis (primary and secondary) (091)	5	2	5
Syphilis (other) (092-097)	25	23	29
Chancroid (099.0)	16	1	—
Chlamydia (079.8)	—	6,235	5,893
Diseases of Central Nervous System:			
Meningitis			
Bacterial			
Haemophilus (320.0)	24	15	11
Pneumococcal (320.1)	12	7	5
Other	4	2	6
Viral			
Aseptic Meningitis due to			
Coxackie (47.0)	2	4	5
ECHO virus (47.1)	2	1	3
Other viral (47.9)	30	16	15
Encephalitis			
Western equine encephalitis (062.1)	—	—	—
Encephalitis unspecified (062.9)	—	—	—
Other Bacterial Diseases:			
Diphtheria cases (032)	1	—	—
Diphtheria carriers (V02.4)	3	16	14
Meningococcal infections (036)	14	14	7
Whooping cough (033)	28	6	108
Other Viral Diseases:			
Hepatitis A (070.0)	158	65	38
Hepatitis B (070.2)	68	61	36
Hepatitis non A-non B (070.5)	1	1	—
Measles (055)	30	5	6
Rubella (056)	7	6	12
Mumps (072)	18	7	11

TABLE 1 (Continued)

Communicable Diseases[1]: Reported Cases in Manitoba —

1987 to 1989

Disease	Number of Cases		
	1987	1988	1989
Other Diseases:			
Amoebiasis (006)	34	40	38
Leprosy (30)	4	6	—
Malaria (084)	22	2	4
Psittacosis (073)	1	2	7
Legionella (482.8)	10	2	2
Biastomycosis (116.0)	—	—	—
Trichinosis (124)	—	1	—
Brucellosis (023.9)	—	1	—
Trypanosomiasis (086.9)	1	—	—
Tularemia (021)	2	3	—
Histoplasmosis (115.9)	2	—	—
Listeriosis (027.0)	2	2	4
Postvaricella encephalitis (052.0)	1	—	—
Herpes encephalitis (054.3)	1	—	—
Viral encephalitis (049.9)	3	2	—
Total	3,798	9,010	8,367

[1] *For HIV and AIDS, see Section 2, Table 3 & 4.*

FIGURE 1

Reported Salmonellosis Cases (003) Winnipeg and Rural Area — 1978 to 1989/90

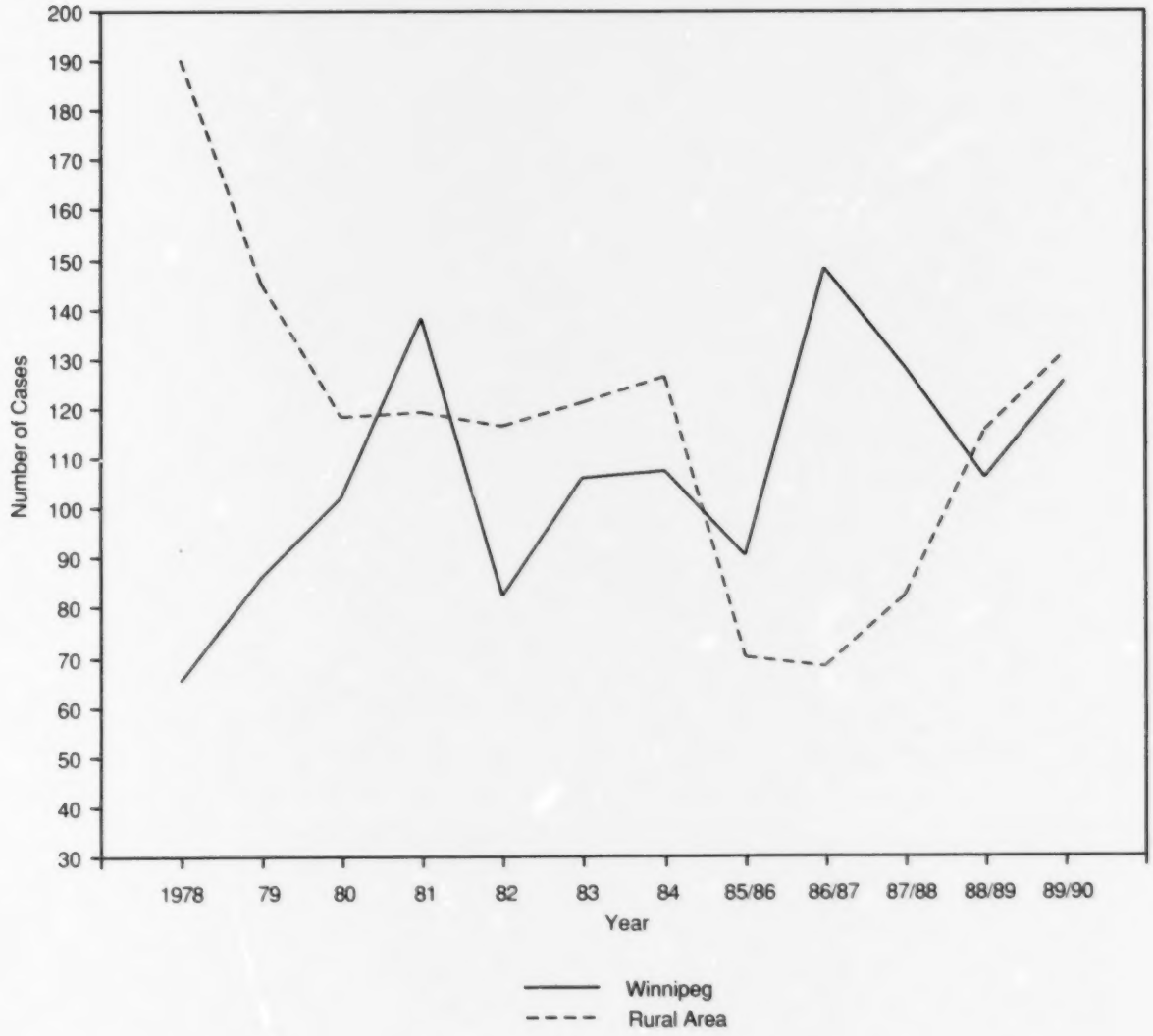
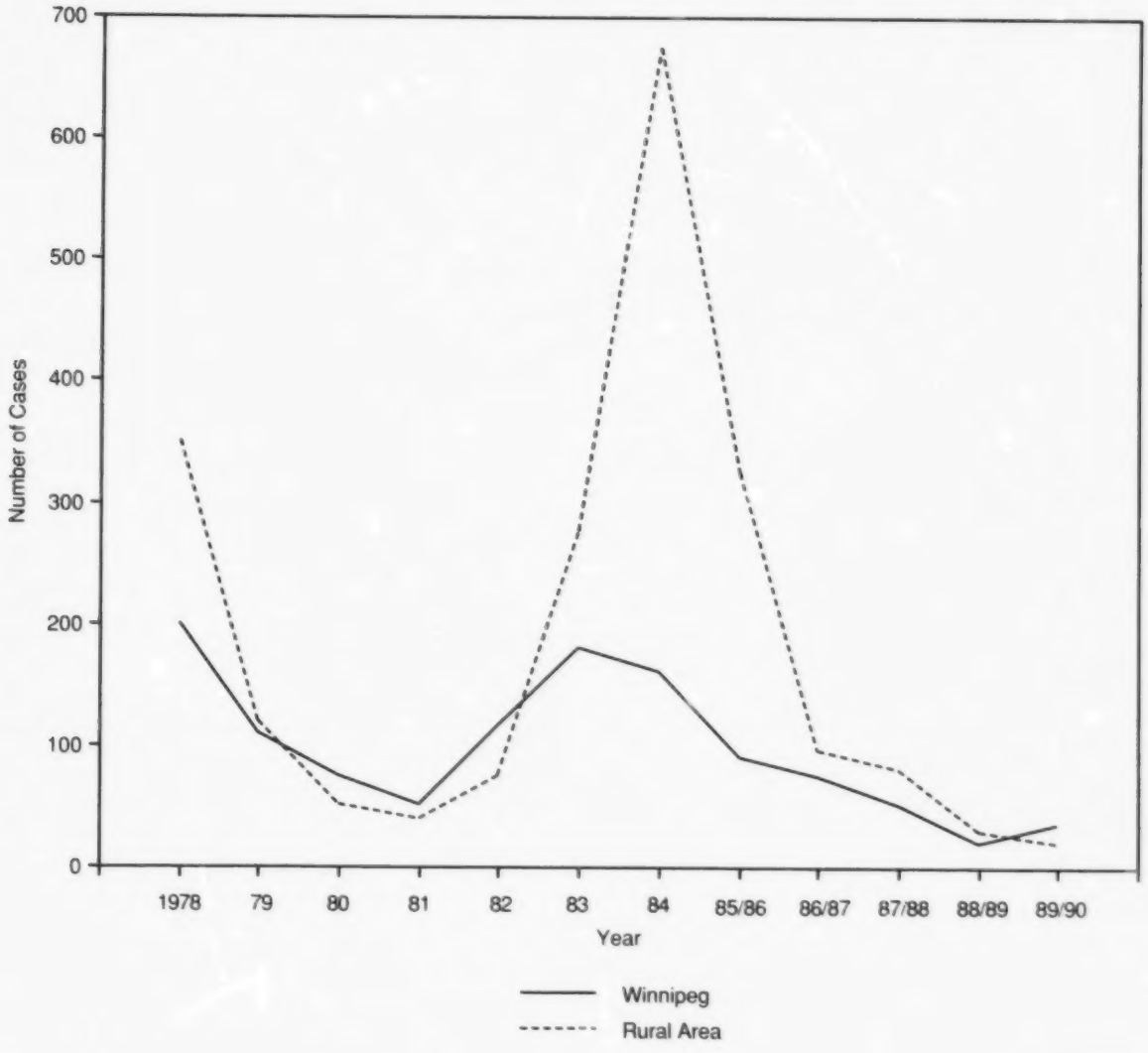


FIGURE 2

Reported Hepatitis A Cases (007.0) Winnipeg and Rural Area — 1978 to 1989/90



Community Health Services
Communicable Diseases

FIGURE 3
Reported Gonococcal Infections (098)
Rate Per 10,000 Population — 1978 to 1989/90

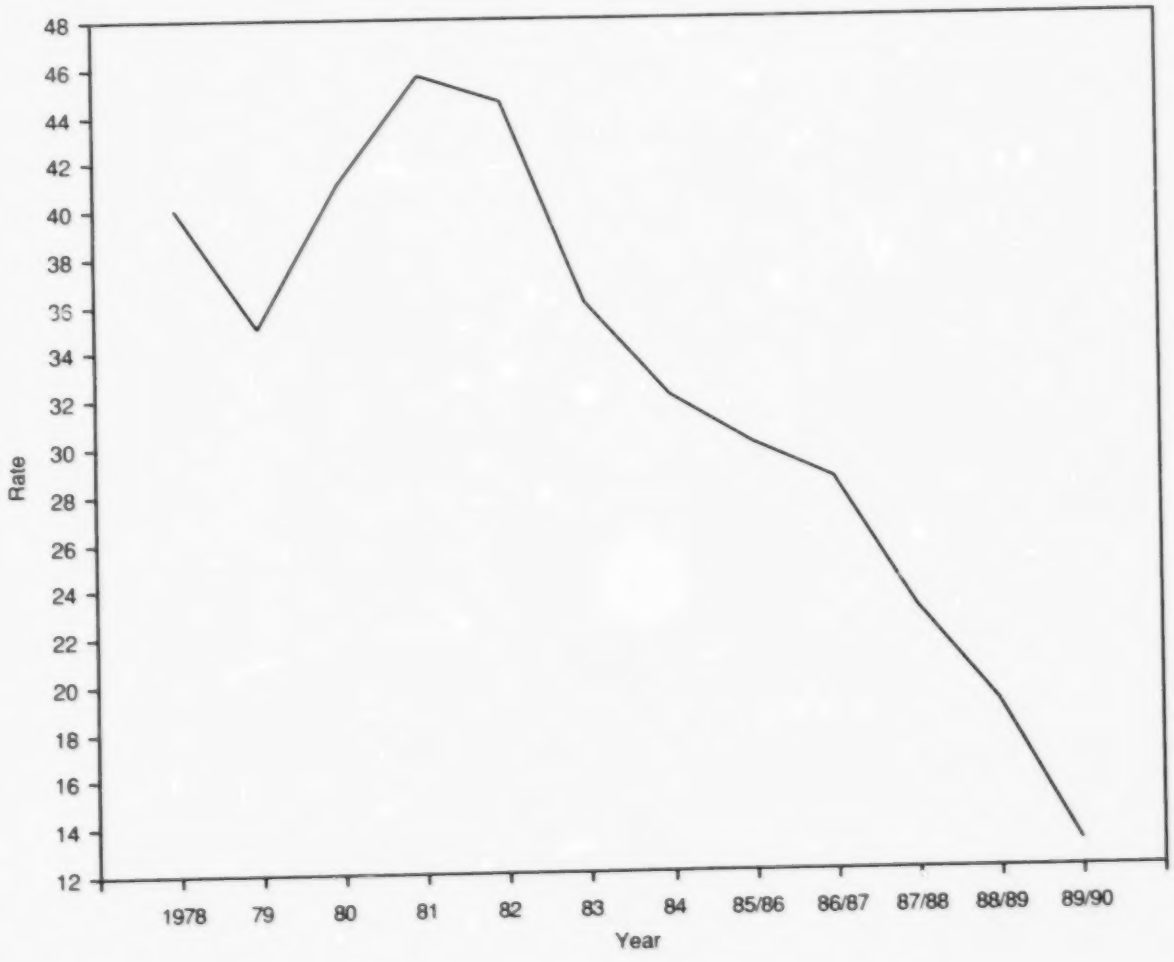


TABLE 2

Number[1] & Rate[2] of Reported Incidence of Sexually Transmitted Diseases by Health Region

1989

Region	Chlamydia	Rate	Gonorrhea	Rate	Syphilis	Rate	Total STD	Rate
Central	140	14.6	34	3.6	—	—	174	18.2
Eastman	350	40.3	115	13.3	1	0.1	466	53.7
Interlake	222	29.5	40	5.3	1	0.1	263	35.0
Norman	187	74.7	37	14.8	—	—	224	89.4
Parklands	150	31.2	45	9.4	—	—	195	40.6
Thompson	692	145.3	269	56.5	—	—	961	201.8
Westman	428	36.0	69	5.8	1	0.1	498	41.9
Winnipeg	3,318	52.4	910	14.4	30	0.5	4,258	67.3
Total	5,487	48.6	1,519	13.4	33	0.3	7,039	62.3

[1] *Adjusted figures. Excludes out of province cases.*

[2] *Per 10,000 population sourced MHSC as of June 1, 1989.*

TABLE 3

Reported Human Immunodeficiency Virus (HIV) Cases by Year, Age Group and Sex —

1986 to 1989

	1986		1987		1988		1989	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female
0-14	3	—	2	—	—	—	—	1
15-19	1	—	4	—	3	—	1	—
20-29	39	—	16	1	18	2	25	2
30-39	19	—	23	—	12	2	20	—
40-49	5	—	3	—	4	—	6	—
50 +	3	—	3	1	3	1	2	—
Total	70	—	51	2	40	5	54	3

TABLE 4

Reported AIDS Cases and Deaths Due to AIDS —

1986 to 1989

	1986	1987	1988	1989
AIDS[1]	15	8	5	17
Deaths	4	7	4	10

[1] *Diagnosed for the first time.*

TABLE 5

Standardized Morbidity Rates[1] for Selected Communicable Diseases by Region —

1989

Region	Salmonellosis	Verotoxigenic E. Coli	Whooping Cough	Hepatitis A
Central	1.11	0.49	1.35	0.30
Eastman	1.36	1.48	0.09	0.32
Interlake	1.16	0.26	0.27	0.78
Norman	0.34	—	0.35	7.41
Parklands	0.50	1.05	1.32	0.65
Thompson	0.98	0.66	0.55	1.50
Westman	2.00	1.51	5.72	0.26
Winnipeg	0.08	1.08	0.35	1.06

[1] *Per 10,000 population sourced MHSC as of June 1, 1989.*

TABLE 6

Active Tuberculosis Cases by Type —

1989

Type	New Cases			Re-Activated Cases	Total
	Treaty Indian	Other[1]	Sub-Total		
Primary	2	7	9	—	9
Respiratory					
Pulmonary	7	33	40	9	49
Pleurisy	1	10	11	—	11
Miliary	1	—	1	—	1
Non-Respiratory	10	17	27	4	31
Total	21	67	88	13	101

[1] *Includes Whites, Non-Whites, Metis and Non-Treaty Indians.*

TABLE 7

Drug Dispensing Program: Number of Patients Active —

April 1, 1987 to 1989

Purpose of Drug	Number of Patients on Active List		
	1987	1988	1989
Life Saving (General)	772	909	886
Rheumatic Fever	—	—	521
Diabetic	460	414	408
Cystic Fibrosis	93	90	90
Growth Hormone	9	9	10
Total	1,334	1,422	1,915

TABLE 8

Food Protection Program: Activities

1987/88 to 1989/90

Activities	1987/88	1988/89	1989/90
Food Industry Seminars			
Number of Seminars Conducted	11	10	8
Number of Persons Attending	624	550	580
Regulatory Agency Seminars			
Number of Seminars Conducted	6	1	—
Number of Persons Attending	142	75	—
Food Samples			
Complaint Samples Processed	100	41	37
Samples Tested for Pesticides	—	—	—
Food Condemned			
Canned Food (l.)	—	—	—
Poultry (kg.)	247	20	—
Fluid Milk (l.)	—	60	—
Cheese (kg.)	—	—	—
Prepared Foods (items)	44	195	254
Liquor (l.)	—	—	—
Dry Goods (kg.)	—	—	14,971
Vegetables (kg.)	63	1,500	850
Canned Goods (l.)	8	—	—
Dairy Products (kg.)	279	16	98
Meat/Fish (kg.)	684	405	620
Miscellaneous (kg.)	4,770	—	—
Miscellaneous (l.)	260	37	795
Uninspected Meat Plant Permits Issued	87	93	78
Inspected Slaughter Houses Operating	31	31	30

Community Health Services
Hearing Conservation

TABLE 1

Hearing Conservation: Screenings, Referrals, and Assessments by Region —
1989/90

Region	Pre-School Children (0-4 Years)			School Children (2) (5-17 Years)			Adults (18-64 Years)		Adults (65 + Years)	
	Total Number Screened	Audiologic Assessment	Confirmed Hearing Loss	Total Number Screened	Audiologic Assessment	Confirmed Hearing Loss	Audiologic Assessment	Confirmed Hearing Loss	Audiologic Assessment	Confirmed Hearing Loss
Central	589	365	197	3,453	684	279	113	94	201	193
Eastman	—	90	6	2,870	243	64	125	76	124	107
Interlake	—	138	30	2,505	340	97	168	100	122	115
Norman	—	197	53	1,769	483	273	317	252	64	64
Parklands	—	105	24	1,944	343	189	234	135	290	280
Thompson	30	112	28	3,367	477	193	464	425	60	60
Westman	898	645	210	3,034	1,417	464	432	325	418	374
Winnipeg[1]	—	844	237	12,896	1,674	822	827	551	725	660
Total	1,517	2,496	785	31,838	5,661	2,381	2,680	1,958	2,004	1,853

[1] *Includes data only from Concordia, Deer Lodge, Seven Oaks, and Victoria Hospitals of Winnipeg Region.*
[2] *Kindergarten, Grade 1, and special referrals.*

Community Health Services
Continuing Care

TABLE 1

Monthly Maximum Number of Persons Receiving Coordinated Home Care Services by Region —
1989/90

Region	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Central	780	796	789	788	819	819	832	835	832	870	843	859
Eastman	877	883	871	865	884	910	904	892	896	912	904	898
Interlake	1,136	1,167	1,154	1,171	1,145	1,143	1,145	1,157	1,154	1,166	1,153	1,165
Norman	347	345	347	329	330	331	338	336	330	332	315	323
Parklands	739	718	740	732	740	745	750	755	783	796	788	802
Thompson	90	87	84	79	68	71	84	74	74	79	85	82
Westman	1,019	1,035	1,045	1,054	1,060	1,037	1,057	1,058	1,054	1,051	1,032	1,024
Winnipeg	8,219	8,296	8,364	8,221	8,339	8,404	8,482	8,619	8,592	8,406	8,237	8,300
Total	13,207	13,327	13,394	13,239	13,385	13,460	13,592	13,726	13,715	13,612	13,357	13,453

Community Health Services
Continuing Care

TABLE 2

Home Care Program: Caseload Movement by Age Group —

1989/90

	0-18	19-64	65 +	Total
Beginning of Year	226	2,346	9,643	12,215
Admissions	293	2,335	8,079	10,707
Total Cases	519	4,681	17,722	22,922
Discharges	279	2,302	8,025	10,606
End of Year[1]	241	2,342	9,840	12,423

[1] *Variance is due to the delay in reporting transfers across regions, the year end does not match the beginning of year figure plus admission minus discharges. The age group discrepancy is caused by the reporting of transfers-in at actual age rather than age at point of admission to program.*

TABLE 3

Home Care Program: Average Monthly Number of Persons Receiving Selected Services[1] by Category —

1987/88 to 1989/90

	Average Monthly Number of Persons		
Services[2]	**1987/88**	**1988/89**	**1989/90**
Home Support Service	7,768	7,015	6,349
Home Care Attendance	3,744	4,135	4,645
Overnight and Daily Work	192	147	138
Registered Nursing	4,714	4,340	4,114
Licensed Practical Nursing	1,390	1,104	1,029
Therapy[3]	464	557	565

[1] *In addition, Home Care Services include health supervision, health education, health counselling, and volunteer services such as shopping and friendly visiting.*

[2] *An individual can receive more than one category of service.*

[3] *Therapy is provided by Community Therapy Services of Manitoba and includes physiotherapy and occupational therapy.*

TABLE 4

Number of Persons on the Waiting List for Personal Care Homes

at end of March, 1987 to 1990

	1987	1988	1989	1990
Rural Area	572	526	594	569
Winnipeg	764	659	640	654
Total	1,336	1,185	1,234	1,223

TABLE 5

Percentage of Persons on Waiting List Receiving Home Care Pending Placement —

at end of 1987/88, 1988/89, and 1989/90

	1987/88	1988/89	1989/90
Rural Area	46.4	54.9	48.7
Winnipeg	36.9	32.1	41.0
Total	41.2	42.8	44.6

Note: In March of 1990, 52.3% of those waiting placement were in hospital. The rest of the community cases not on Home Care were being cared for by family and/or friends.

Community Health Services
Dental Services

TABLE 1

Dental Services: Number of Children Eligible and Treated, and Percent Utilization by Year of Birth (1975 to 1983) —

July, 1989 to June, 1990

	Manitoba Children's School Based Dental Program[1]		
Year of Birth	Eligible	Treated	% Utilization
1975	1,175	944	80.3
1976	2,439	1,927	79.0
1977	2,454	2,010	81.9
1978	2,476	2,054	83.0
1979	2,581	2,171	84.1
1980	2,604	2,218	85.2
1981	2,515	2,132	84.8
1982	2,686	2,308	85.9
1983	2,421	2,089	86.3
Total	21,351	17,853	83.6

[1] *Does not cover children serviced by Manitoba Dental Association.*

TABLE 2

Dental Services: Number of Children (birth 1975 to 1983) Eligible and Treated, and Percent Utilization by District —

July, 1989 to June, 1990

	Manitoba Children's School Based Dental Program[1]		
District	Eligible	Treated	% Utilization
Eastern	10,498	8,411	80.1
Western	10,853	9,442	87.0
Total	21,351	17,853	83.6

[1] *Does not cover children serviced by Manitoba Dental Association.*

TABLE 3

Number of Services Provided by Manitoba Children's School Based Dental Program by Year of Birth (1975 to 1983) —

1989/90

Year of birth	1983	1982	1981	1980	1979	1978	1977	1976	1975	Total
Complete Patients	1,791	2,158	1,954	2,071	1,927	1,880	1,865	1,831	2,837	18,314
Incomplete Patients	32	37	25	16	15	28	15	26	32	226
Services and Codes										
Examinations (01200, 01400, 01401, 01402)	2,244	2,371	2,108	2,238	2,093	2,001	2,046	1,935	2,896	19,932
Radiographs										
Periapicals (02111-02116)	63	162	134	122	91	74	72	78	78	874
Bitewings (02141-02144)	1,274	1,481	1,201	1,176	1,003	837	792	718	1,451	9,933
Prevention										
Prophylaxis (11200)	1,700	1,039	449	477	460	482	470	485	1,832	7,394
Topical Fluoride (12200)	1,721	1,074	477	494	457	473	448	480	1,776	7,400
Nut. Counselling and OHI (13200)	1,708	992	455	443	445	386	403	372	1,647	6,851
Specific Oral Hygiene Inst. (13210)	26	129	90	116	113	134	120	103	179	1,010
Interproxim. Discing/Slicing (13700)	20	93	124	128	38	24	9	5	—	441
Space Maintainers (15100-15210)	—	—	—	—	—	—	—	—	—	—
Other Ortho. Services (15500)	—	—	—	—	—	—	—	—	—	—
Restorations										
Caries Control (20110-20120)	2	11	10	8	9	14	6	3	2	65
Amalgams (21101-21225)	2,228	2,292	1,334	1,099	723	495	487	499	664	9,821
Retentive Pins (21301-21303)	—	—	—	1	—	1	1	—	1	4
Composite (23111-23223)	251	739	876	922	813	703	822	902	1,168	7,196
Crowns (21401-21421)	366	552	212	134	79	33	15	4	8	1,403
Performed Posts (29501-29502)	—	—	—	—	—	—	—	—	—	—
Pulp Therapy										
Pulpotomy (32201-32212, 39901-39909)	298	399	102	78	49	29	9	1	1	966
Others (33100-35511, 33910-39985)	—	—	—	1	—	1	2	1	—	5
Prosthodontics (52120-52221)	—	—	—	—	—	—	—	—	—	—
Surgical Procedures										
Extractions (71101-72320)	218	418	251	244	260	269	217	181	89	2,147
Other Surgical Procedures (72410-79400)	—	—	—	—	—	—	—	—	—	—
Adjunctive Services (94200-94400)	1,229	774	439	380	260	224	167	142	810	4,425
Referrals (93400-93401)	97	120	55	47	23	24	13	11	21	411
Misc. Procedures	—	—	1	—	1	2	1	4	3	12
Total	13,445	12,646	8,318	8,108	6,917	6,206	6,100	5,924	12,626	80,290

TABLE 4

Dental Services: Preventive Dental Public Health Services Provided as Part of the Manitoba Children's Dental Program —

July 1, 1989 to June 30, 1990

	Number of Schools				Number of Children		
			Non-Participating				
	Approached	Partici-pating	By Choice	Fluoridated Water Supply	Unable to Complete (of Part-icipating)	Eligible	Partici-pating
Daily Brushing (Classroom)	391	100	291	N/A	N/A	29,968	3,532
Dental Health Education	457	440	17	N/A	15	66,034	63,901
Weekly Fluoride Rinse	470	420	46	4	N/A	69,705	56,397

TABLE 5

Dental Services: Number of Services Provided by Manitoba Dental Association Program by Year of Birth (1975 to 1983) — 1989/90

Year of birth	1983	1982	1981	1980	1979	1978	1977	1976	1975	Total
Complete Patients	1,822	2,177	2,383	2,417	2,341	2,201	2,136	1,964	1,840	19,281
Incomplete Patients	86	163	127	133	97	72	73	72	73	896
Services and Codes										
Examinations (01200, 01400, 01401, 01402, 11111)	1,859	2,246	2,423	2,460	2,414	2,261	2,222	2,080	1,791	19,756
Radiographs										
Single Film (02111)	67	150	191	180	149	88	88	68	59	1,040
Two Films (02112)	1,137	1,053	1,378	1,265	1,295	1,289	1,196	1,247	1,121	10,981
Three Films (02113)	29	33	43	46	33	20	18	22	26	270
Four Films (02114)	9	9	7	11	8	10	8	7	12	81
Five Films (02115)	2	—	—	—	3	2	1	1	—	9
Six Films (02116)	4	1	3	1	1	—	1	—	4	15
Prevention										
Prophylaxis (11200)[1]	—	—	—	—	—	—	—	—	—	—
Topical Fluoride (12200)[1]	—	—	—	—	—	—	—	—	—	—
Nut. Counselling and OHI (13200)[1]	—	—	—	—	—	—	—	—	—	—
Interproxim. Discing/Slicing (13700)	—	—	—	—	—	—	—	—	—	—
Space Maintainers (15100-15210)	144	288	147	92	44	15	6	4	4	744
Other Ortho. Services (15500)	13	116	221	213	139	107	51	14	8	882
Restorations										
Caries Control (20110-20120)	21	12	17	13	6	9	8	7	14	107
Amalgams (21101-21225)	2,202	2,091	1,876	1,567	1,113	804	919	1,029	1,427	13,028
Retentive Pins (21301-21303)	1	6	13	13	6	7	7	9	19	81
Composite (23111-23223)	98	204	220	203	229	265	292	277	408	2,196
Crowns (21401-21421)	307	343	230	146	70	40	23	2	16	1,177
Performed Posts (29501-29502)	—	—	—	1	2	—	3	3	6	15
Pulp Therapy										
Pulpotomy (32201-32210, 39902-39905)	257	255	164	102	41	17	8	3	6	853
Others (33100-35523, 33910-39985)	—	2	9	23	17	20	26	23	37	157
Prosthodontics (52120-52221)	—	—	—	—	1	—	—	—	2	3
Surgical Procedures										
Extractions (71101-72320)	330	544	574	568	658	723	554	439	232	4,622
Other Surgical Procedures (74401-75100)	1	—	—	—	2	2	—	—	1	6
Adjunctive Services (94200-99200)	5	5	5	7	5	1	2	1	—	31
Misc. Procedures	—	3	4	11	14	12	23	21	31	119
Total	6,486	7,361	7,525	6,922	6,250	5,692	5,456	5,257	5,224	56,173

[1] *Included in examination package (11111).*

TABLE 1

Gerontology: Support Service to Seniors Program Number of Projects by Region —

1984/85 to 1989/90

Year	Central	Eastman	Interlake	Norman	Parklands	Thompson	Westman	Winnipeg	Total
1984/85[1]	—	1	3	—	—	—	—	5	9
1985/86	5	2	3	—	2	—	4	8	24
1986/87	2	3	5	—	4	—	5	8	27
1987/88	6	2	4	—	3	—	9	4	28
1988/89	8	6	3	—	1	—	8	4	30
1989/90	9	3	2	—	1	—	6	2	23
Total	30	17	20	—	11	—	32	31	141

[1] *Funding started in January, 1985.*

TABLE 2

Gerontology: Support Services to Seniors Program Number of Projects by Type and Region —

1984/85 to 1989/90

Project	Central	Eastman	Interlake	Norman	Parklands	Thompson	Westman	Winnipeg	Total
Community Resource Councils	8	4	4	—	3	—	20	3	42
Tenant Resource Coordinators	—	1	—	—	—	—	1	7	9
Volunteer Coordinators	1	—	—	—	—	—	1	1	3
Meals Programs	21	12	16	—	8	—	10	20	87
Total	30	17	20	—	11	—	32	31	141

TABLE 1

Mental Health Centres: Admissions and Separations —

1985/86 to 1989/90

	Admissions					Separations[1]					Inpatients at Year End					Total Under Treatment[2]				
Centre	85/86	86/87	87/88	88/89	89/90	85/86	86/87	87/88	88/89	89/90	85/86	86/87	87/88	88/89	89/90	85/86	86/87	87/88	88/89	89/90
Brandon	379	486	523	584	615	433	510	537	704	623	415	392	384	264	259	860	912	925	968	879
Selkirk	189	243	243	272	283	223	259	262	266	303	321	302	292	298	278	550	570	554	564	581
Total	568	729	766	856	898	656	769	799	970	926	736	694	676	562	537	1,410	1,482	1,479	1,532	1,460

[1] *Exclude leaves.*

[2] *Population on register (resident population plus population on leave) at the beginning of the year plus admissions.*

TABLE 2

Mental Health Centres: Average Daily Patient Population —

1985/86 to 1989/90

Centre	1985/86	1986/87	1987/88	1988/89	1989/90
Brandon	436.8	406.0	387.1	320.8	265.8
Selkirk	323.7	308.5	295.3	301.2	292.6

TABLE 3

Mental Health Centres: Average Length of Stay for Discharges —

1985/86 to 1989/90

Centre			Average Length of Stay				
			1985/86	1986/87	1987/88	1988/89	1989/90
Brandon	Patient in Centre 1 Year or More	Years	13.3	11.6	20.0	18.2	21.0
	Patient in Centre Less than 365 days	Days	64.8	48.6	49.6	57.0	41.6
Selkirk	Patient in Centre 1 Year or More	Years	6.7	9.6	12.1	10.2	9.5
	Patient in Centre Less than 365 days	Days	74.1	62.2	47.4	48.2	42.0

TABLE 4

Mental Health Centres: Out-Patient Caseload Movement[1] —

1989/90

Centre	Active Cases[2] at Beginning of Year	Registrations During Year	Terminations During Year	Active Cases at End of Year
Brandon	883	620	661	842
Selkirk	848	275	318	805
Total	1,731	895	979	1,647

[1] Caseload movement includes those which received treatment services from medical, psychological, and/or social services staff.

[2] Criteria for active cases are those receiving service during the previous 12 months for Selkirk Mental Health Centre and the previous 90 days for Brandon Mental Health Centre.

TABLE 5

Mental Health Centres: Out-Patients Served[1]

1989/90

Centre	Former In-Patients	Not Former In-Patients	Total Out-Patients
Brandon	589	585	1,174
Selkirk	549	270	819
Total	1,138	855	1,993

[1] This table provides an unduplicated count of individuals served. This reflects a change in format from previous years when "Out-patients and Outpatient Contacts" were shown, which considered both patient visits and telephone contacts.

TABLE 1

Community Mental Health: Caseload Movement by Region —

1989/90

	Central	East-man	Inter-lake	Norman	Park-lands	Thomp-son	West-man	Winnipeg			Total
								North	South	W. Central	
Beginning of Year	233	506	296	204	276	238	621	411	552	731	4,068
Cases Opened	487	340	233	425	439	501	266	264	268	256	3,479
Total Cases	720	846	529	629	715	739	887	675	820	987	7,547
Cases Closed	497	374	256	412	357	611	227	253	242	271	3,500
End of Year	223	472	273	217	358	128	660	422	578	716	4,047

TABLE 1

Adult Forensic Services: Number of Patients Seen —

1988/89 to 1989/90

Health Sciences Centre[1]	1988/89	1989/90
Patients Admitted	109	127
Out patients seen for psychiatric assessment	113	115
Out patients seen on a follow-up basis	793	661

In addition, 1,112 and 1,214 patient contacts were made at Headingly Correctional Institution by a psychiatrist on site in 1988/89 and 1989/90 respectively.

TABLE 2

Children's Forensic Services: Number of Referrals by Category —

1988/89 and 1989/90

	Number of Cases	
Probation Referrals	**1988/89**	**1989/90**
Psychiatric	64	60
Psychological	49	65
Psychiatric/Psychological	10	9
Consultative Conferences	—	3
Total	123	137
	Number of Sessions 1989/90	
Other Referrals	**New**	**Follow-up[1]**
Manitoba Youth Centre	132	95
Agassiz Centre for Youth	23	110
Open and Secure Custody	67	263
Court and Probation	—	75
Other[2]	—	49
Total	222	592

[1] *Includes long-term and short-term psychotherapy cases.*

[2] *Includes children no longer in custody but choosing to continue therapy.*

TABLE 1

Winnipeg Child Guidance Clinic: Caseload Movement —

School Year 1985/86 to 1989/90

	1985/86	1986/87	1987/88	1988/89	1989/90
Beginning of School Year	330	398	366	355	338
Cases Opened	334	294	316	320	203
Total Cases	664	692	682	675	541
Cases Closed	266	326	327	337	118
End of School Year	398	366	355	338	423

TABLE 2

Community Psychiatric Services for Children: Rural[1] — Total Cases

1985/86 to 1989/90

	1985/86	1986/87	1987/88	1988/89	1989/90
Total Cases	1,068	902	1,072	1,331	1,129

[1] *Includes Brandon.*